ATTACHMENT J

SFUND RECORDS CTR 88167133

LIST OF CONTRIBUTORS TO ANSWERING EPA QUESTIONAIRE

		QUI	STI	ON	MUM	BER	S										
CONTRIBUTOR	ASSOCIATION/POSITION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 NORM ZETTERQUIST	DIR.PROCESS DEVELOPMENT	ļ	X			X	X	X	X	X	X		X	X	X	X	X
2 RON DORNSEIF	DIR STRATEGIC PROGRAMS					X	X	X	X				X	X	X	X	X
3 RALPH ITANEN	FACILITIES ENGINEER FACILITIES ENG							X	X	X							
4 BRIAN REEYES 5 ALVIN MITCHELL	FACILITIES ENG						X	X	X								
5 ALVIN MITCHELL	PROCESS DEVELOPMENT TECHNICIAN						X		X								
6 WILLIAM LEHNER	FORMER EMPLOYEE - FOUNDER, YP ENG'G FORMER EMPLOYEE - FOUNDER, YP OPER.								X								
7 RICHARD BECK	FORMER EMPLOYEE-FOUNDER, YP OPER.								X								
8 ROBERT RAMSEY	FORMER EMPLOYEE/FACILITIES MGR								X	X							
9 CLARK FUHS	PRODUCT MKTG MGR-FORMER SAFETY CHR.								X								
10 WILLIAM HARSHBARGER	YP TECHNOLOGY DEVELOPMENT						X		X								
11 PATRICE GERAGHTY	DIR. APPLICATIONS LAB								X								
12 DAVID STUDLEY	DIR.MECHNICAL ENG'G-DEVELPMENT								X								
13 PAULETTE GORDON	MARKETING SECRETARY (DATA COLLECTION)						X										
14 ROSEMARIE COLLINS	RECEPTIONIST (DATA COLLECTION)						X										
15 RUTH ?	AIRCO-FORMER MAT'L SCIENCE DIV OF GENUS						X										
16 BILL ELDER	PRESIDENT CEO	X		X	Χ												
17 MARGARET RENNIE 18 MBO INSURANCE BROKERS	PRESIDENT, CEO ASSISTANT TO THE PRESIDENT	X		X								X					
18: MBD INSURANCE BROKERS	GENUS INSURANCE BROKER										Ì	X					
	CONTROLLER											X					
20 RICHARD HOGLE	GM, GENUS/AIRCO						X										0101010

APPENDIX

O Di	RIGINATING D	FINANCE RECREATION POLICE	FIRI	RARY		
ECE	IVED FROM	GENUS			DATE 0	PAOX S
T/C	SUBSIDIARY		SUBOBJ	DESCRIPTION (50 CHAR LII	MIT)	AMOUNT
		26/057	141	HADNAT STORAGE PERMAT PR	233	17/5
				Partial 1988	- F	
				7/12/1/20		
				515 Ellis - \$1,450		
				290 Forgueny - 615		
				Less 300 red		
	CHECK NO	CASH			total Trees	
,3	252R 40	124	BY	\$ 65763	<u>ろ</u> N	0. 30048.
ORM F	1-5 (8-85)	1211		CASHIER	15/10	
	1.3	·	3 -	ii.	1 1 1	5 15 1 1 2 5



CITY OF MOUNTAIN VIEW FIRE DEPARTMENT HAZARDOUS MATERIAL STORAGE PERMIT

THIS PERMIT EVIDENCES THAT THE FIRM OR CORPORATION NAMED HEREIN HAS PAID THE APPLICABLE FEES AND IS AUTHORIZED TO STORE HAZARDOUS MATERIALS AT THE FACILITY INDICATED BELOW IN ACCORDANCE WITH CHAPTER 24 OF THE MOUNTAIN VIEW MUNICIPAL CODE



PERMITTED FACILITY: GENUS, INC.

290 FERGUSON DRIVE

Business Name: Genus, Inc.

Mailing Address: 290 Ferguson Drive

City, State & Zip Code: Mountain View, CA 94043

Attn:

Norm Zetterquist

HM-4

Date Issued: April 21, 1988

Date Expires: April 1, 1989

Permit ID:

Authorized by Fire Prevention Bureau

POST IN A CONSPICUOUS PLACE

HMMP FACILITY DIRECTORY

FIRE DEPARTMENT

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

(see back of sheet for instructions)

COURT . A		
Official Use Only		
,10		
Business Name	7	Business Phone Number
(1) Genus Inc.] (2	2) ()
Facility Street Address		
(3) 515 Ellis st.		
Mailing Address	City	State Zip Code
(4) 55 Ellis St.	M+.Vui	CA, 94043
Attention		
(5) Norm Zetterquist]	
(6) Persons Responsible For:	J ,	
Name		Phone Number
APPLICATION Norm Zetterquist	(4)	57964-1100
- Commercial St		3, 18) [100]
BUSINESS R.II L Col la Col	(4)	57 964-1100
BUSINESS Bill Horshbarger		3 · 16 7 - [10 ()]
PROPERTY Ralnh Ttanan	(th)	0011-112
PROPERTY Ralph Itanen	(4)	17 964-1100
(7) Persons Responsible For Responding In An Emergency After Norma	al Work Hours	
Name Title	Home Phone Number	Work Phone Number
Ralph Itanen Facilities Superison	(4)J) 365-9809	(4)57 964-1100
		p
Norm Zetterquist Dir. Proces Dev.	(403) 429-9716	14157 964-1100
	()	()
	()	()
		47-77-11
(8) Business Activity Description .		
Process Development Applications Ma	det + Sales of C	VD Equipment
(9) Shift Times:		
First: 700 to 600 Second: N/A	to Third:	N/A to
(10) Number of Employees Per Shift:		
First: -68 Second: _a//n Third:	NA	
	and comment in the state of the	
(11) I declare under penalty of perjury, the foregoing information is true a	IN WITCH	
	分值 學	
Norman E. Ellequis		物時刊的計畫
M3-1 Print Name	Signature	To Date
■ ~ 13 67 White Applifam 5 Cop	ries File Department	and the contraction of the contr

- (1) BUSINESS NAME Enter business name for which the application applies.
- (2) BUSINESS PHONE Enter business phone number
- (3) FACILITY STREET ADDRESS—Enter complete address for the specific "facility" for which the application applies and do not use general mailing address. A "facility" means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site. A single location or site will be limited to contiguous properties located on the same street frontage.

When filing for contiguous properties as one facility, all address numbers must be shown, (i.e., 123, 125, & 127 Anystreet).

If you are a tenant and occupy only a portion of a building, you **must** submit a separate full application for the portion of the building you occupy. If you are a corporate division and occupy a portion of a building, you **must** submit a separate application for the portion of the building you occupy.

Be sure to enter the complete address: street number, direction, street name, building, suite or room number and zip code.

- (4) MAILING ADDRESS Enter rull mailing address if different from the facility address. Permits will be mailed to this address.
- (5) ATTENTION Enter name of person responsible for correspondence. Permits will be mailed to this person's attention.
- (6) PERSONS RESPONSIBLE FOR Enter names and phone numbers for persons responsible for the:

APPLICATION (Actual completion of all HM-3 forms)
BUSINESS (Corporate Officer or partner)
PROPERTY (Owner of property)

- (7) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY—List four persons to be contacted in case of an emergency after normal work hours. Along with their names, include their job title, home phone number and work phone number.
- (8) BUSINESS ACTIVITY DESCRIPTION Enter brief description of principal business activity at this location.
- (9) SHIFT TIMES Enter the working hours for each shift you currently run
- (10) NUMBER OF EMPLOYEES PER SHIFT- Enter the average number of employees on site during each shift.
- (11) DECLARATION OF INFORMATION Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet.

This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View, Fire Department.

Even devide meisseen a Sont.

Scott devide meisseen a Sont.

Scott devide meisseen auch eine mehart is tra-end benacht



EMERGENCY RESPONSE PLAN

Section III: Emergency Response Training Program

1	PERSON RESPONSIBLE FOR EMERGENCY RESPONSE TRAINING PROGRAM. Name Norman Zettemust, Title Director Process Dev. Phone 4,5964-1100
2	TRAINING REQUIREMENTS (Check all applicable items.) All employees are trained in the following procedures:
	Notification of emergency response coordinator
	Notification of external emergency response organizations (e.g. Fire Department)
	Location and content of emergency response plan
	Evacuation
	Chemical handlers are additionally trained in the folllowing:
	Safe methods for handling and storage of hazardous materials
	Proper use of personal protection equipment
	Locations and proper use of fire and spill control equipment
	Specific hazards of each chemical to which they may be exposed, including the pathways of exposure (i.e. skin absorption, inhalation, ingestion)
	Emergency response team members are additionally trained in the following procedures:
	Shutdown of operations -
	Use, maintenance, and replacement of emergency response equipment
	ALL PERSONNEL RECEIVE APPROPRIATE EMERGENCY RESPONSE TRAINING WITHIN SIX MONTHS OF HIRING
	REFRESHER TRAINING IS PROVIDED AT LEAST ANNUALLY
3	PERSONNEL TRAINING RECORDS
	The following training records are maintained for each employee.
	Type and amount of introductory and continuing training
	Date that training was completed .
	Description of facility emergency reponse drills
	Former employees' training records are retained for at least three years
Y	our Emergency Response Plan must be on-site and available for review by the Fire Department.
	Emergency Response Plan Location
	Responsible Person Norm Zetterquist
Н	M3-5 (Rev 11-87)

STORAGE FACILITY PERMIT QUANTITY LIMIT

Amended 1987

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

(see back of sheet for instructions)							

country	/ Widuntain view, CA 94041 (415) 900-0576				Page	of Pages		
Official Use Only (1)								
ון סו				_	Date	•		
ı				(2)	4/6	188		
Busines	ss Name				Storag	ge Facility		
بى (4)	rus Inc.			(3)	115	ide		
	Street Number Street Name					_		
5,	5 Ellis St.					inua put		
		Quanti	ty & Physical	State	و ب	Waste Annual Throughput		
DOT CLASS	Chemical Name/Trade Name	Gas (Cu Ft)	Liquid (Gal)	Solid (Lbs)	Tank	Was Thro		
(5)	(6)	(7)	(8)	(9)	(10) (1			
	Tungston Hexafluorade	•	1,0					
F3-	dichlorosilane	300						
NFG	Nitrogen Italocarbon 116/ itexafluoro ethane	3,700						
		30						
1	Nitrous oxides	1,200						
NF3	Helium	280						
FG-	Acetylene	7-6						
FG	Acetylene oxygen Fropropyl Alcohol	200						
	me than of		3.0					
FL	Acetone		2.0					
CORR-L			25					
CORR-L			1.0					
63R2-L			4.0					
CORR-L	Phusphane Acid		2.0					
04-1								
CORE-L	Hydrochlorox- Acid		4.0					
CORR-L			3.0					
	Amnonium Floride		4.0					
CORR-L	Ammonium Hydroxide		1,0					
CORE-L	PAD Etch		2.0					
FL	corrosion Inhibitor lorganic Liquid		4.0					
FL	Hydrocarbon Vacuum Fluid		4.0					
-10C-L	Drain Cleaner		1.0		.	94.		
CORR-L		:	5.0			3.1 		
			Take Take	加州清				
	The second of the control of the con				国			
		<u> L</u>				· ·		

- (1) When more than one page is used for a storage facility enter the page number and total number of pages
- (2) DATE—Enter the date of the application
- STORAGE FACILITY—A storage facility refers to the area where hazardous materials are stored if the hazardous materials storage area is located within the main building, write INSIDE in this space. If the area is located outside the main building, write OUTSIDE if hazardous materials are stored both inside and outside the main building, use a separate form for each storage area. When filling for contiguous properties write in the specific address number or building identification (i.e. 3345 or Building A12) in this space using a separate form for each address, building identification.
- (4) BUSINESS NAME—Enter business name and the street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings adjacent structures and surrounding land used by a single business entity at a single location or site.
- (5) DOT CLASS—Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below Use as many additional pages of this form as necessary to complete the report for each storage facility

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST -	Explosives B	EXPB	Other Regulated	
City Regulated Material—		Explosives C	EXPC	Materials—Liquid	ORM-L
Liquid	CRM-L	Flammable Gas	FG	Other Regulated	
City Regulated Material -		Flammable Liquid	FL	Materials—Solid	ORM-S
Solia	CRM-S	Fiammable Solid	FS	Oxidizer-Liquid	OXY-L
Compustible Liquid	CL	Irritant - Liquid	IRR-L	Oxidizer-Solid	OXY-S
Corrosive Gas	CORR-G	Irritant-Solid	IRR-S	Poison A—Gas	POIS-G
Corrosive Liquid	CORR-L	Nonflammable Gas	NFG	Poison A or B-Liquid	POIS-L
Corrosive Solid	CORR-S	Organic Peroxide—Liquid	PEROX-L	Poison A or B - Solid	POIS-S
Etiological Agent	ETI	Organic Peroxide - Solid	PEROX-S	RADIOACTIVE	RAD
Explosives A	EXPA	-		CRYOGENS	CRYO

(6) CHEMICAL NAME, TRADE NAME—For each hazardous material (includes both non-waste and waste materials) provide the chemical name proprietary name or chemical name of major constituents for mixtures followed by a siash and then the applicable trade name Example trichlorotrifluoroethane/Freon 113

All transformers and capacitors with polychlorinated biphenyls contents over 7 ppb must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name

- (7-9) QUANTITY AND PHYSICAL STATE—Enter the maximum anticipated **total** quantity of hazardous material that is normally stored in the storage facility for each chemical using Columns 7 8 and 9 depending upon the physical state of the material. Round off the quantities to the nearest whole gallon pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (10) TANK—Mark an A in this column if the material is stored in an above-ground tank or B if stored in a below-ground tank A 55-gallon drum or compressed gas cylinder is not a tank
- (11) WASTE-Mark an X in the column if the material is a waste
- (12) WASTE ANNUAL THROUGHPUT—Enter the total annual throughput of each hazardous waste listed. This column must be completed if there is an X in column 11. Waste Annual Throughput is the total estimated amounts of each hazardous waste handled by the business throughout the course of the year.

A COUNTY OF THE COUNTY OF THE

Official Use Only

CITY OF MOUNTAIN VIEW

STORAGE FACILITY PERMIT QUANTITY LIMIT

Amended 1987 (see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street

Mountain View. CA 94041

(415) 966-6378

	Page	of	Pages
(1)	2		3
	Date		
(2)	4/6	, 83	Y
	Storag	e Fa	cility
(3)	outsi	عك	

Business Name

(A) Canus Inc.

Facility Street Number Street Name

; Annual ghput

<u> </u>	21/2 FILE 21.					unni put
DOT CLASS (5)	Chemical Name/Trade Name (6)	Quan Gas (Cu Ft) (7)	ntity & Physica Liquid (Gal) (8)	State Solid (Lbs) (9)	(11) (01) Waste	Waste Annu Throughput
CRR-L CORREL CORREL CORREL FG G G G NF O NF O NF O	Nitric Acid Sulfuric Acid Sulfuric Acid Phosphoric Acid Hydrogian Peroxide Hydrochloric Acid Annonium Filorida	800 1900 3,600 1,450 400 300	200000000000000000000000000000000000000			
			to Boy a	The state of the s		A STATE OF THE STA

- (1) When more than one page is used for a storage facility enter the page number and total number of pages
- (2) DATE-Enter the cate of the application
- (3) STORAGE FACILITY—A storage facility refers to the area where hazardous materials are stored. If the nazardous materials storage area is located within the main building, write. INSIDE in this space. If the area is located outside the main building, write. OUTSIDE If hazardous materials are stored both inside and outside the main building, use a separate form for each storage area. When filing for contiguous properties write in the specific address number or building identification (i.e. 3345 or Building A12) in this space, using a separate form for each address, building identification.
- (4) BUSINESS NAME—Enter business name and the street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings adjacent structures and surrounding land used by a single business entity at a single location or site.
- (5) DOT CLASS—Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below Use as many additional pages of this form as necessary to complete the report for each storage facility

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST	Explosives B	EXP B	Other Regulated	
City Regulated Material -		Explosives C	EXPC	Materials-Liquid	ORM-L
Liquid	CRM-L	Flammaole Gas	FG	Other Regulated	
City Regulated Material -		Flammaple Liquid	FL	Materials-Solid	ORM-S
Solid	CRM-S	Flammable Solid	FS	Oxidizer-Liquid	OXY-L
Combustible Liquid	CL	Irritant-Liquid	IRR-L	Oxidizer-Solid	OXY-S
Corrosive Gas	CORR-G	Irritant-Solid	IRR-S	Poison A—Gas	POIS-G
Corrosive Liquid	CORR-L	Nonflammable Gas	NFG	Poison A or B-Liquid	POIS-L
Corrosive Solid	CORR-S	Organic Peroxide—Liquid	PEROX-L	Poison A ar B-Solid	POIS-S
Etiological Agent	ETI	Organic Peroxide—Solid	PEROX-S	RADIOACTIVE	RAD
Explosives A	EXPA	_		CRYOGENS	CRYO

(6) CHEMICAL NAME TRADE NAME—For each nazardous material (includes both non-waste and waste materials) provide the chemical name proprietary name or cnemical name of major constituents for mixtures followed by a slash and then the applicable trade name Example trichlorotrifluoroethane Freon 113

All transformers and capacitors with polycriorinated biphenyls contents over 7 ppb must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name

- (7-9) QUANTITY AND PHYSICAL STATE—Enter the maximum anticipated total quantity of hazardous material that is normally stored in the storage facility for each chemical using Columns 7 8 and 9 depending upon the physical state of the material Round off the quantities to the nearest whole gallon pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (10) TANK—Mark an A in this column if the material is stored in an above-ground tank or B if stored in a below-ground tank. A 55-gallon drum or compressed gas cylinder is not a lank.
- (11) WASTE Mark an X in the column if the material is a waste
- (12) WASTE ANNUAL THROUGHPUT—Enter the total annual throughput of each nazardous waste listed. This column must be completed if there is an IX in column 11. Waste Annual Throughput is the total estimated amounts of each hazardous waste handled by the business throughout the course of the year.

Amendea 1987

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

STORAGE FACILITY PERMIT QUANTITY LIMIT (see back of sheet for instructions)

Page of Pages

Official Use Only				(1)	3	3
10 1 1 ;	1 -			_	Date	
				(2)	4/	6/88
Business Na	ne				Stora	ge Facility
(4) Ger	us Irc-			(3)	ou	tride
Facility Stree						
515	Ellis St.					nnua put
_		Quant	ity & Physical	State	, <u>, , , , , , , , , , , , , , , , , , </u>	waste Waste Annua Throughput
DOT CLASS (5)	Chemical Name/Trade Name (6)	Gas (Cu Ft) (7)	Liquid (Gal) (8)	Soud (Lbs) (9)	(10) (1	
POIS-S M	olydenium chloride			0.5		
P015-5 TV	ngston Hexaehlonde		~	1.0		
P015-5 TA	ntalum Trifluende	,		0.5		
C062-E C	opper Trifluorde	120	·		.	
COSS-G A	lumium Tribromide	1.0				- -
1 1	olydenium Hexafluoride			1.0		-
	rifluoroacety/ Acetonate:	05		1		
	tassium Phosphate			1,0		-
1 • . 1	stassium Ferrocyanide	3			:	
	opper Trifluoro a cetylace time in.	معدد عدد	~_	0.7		
, ,	Ben Zene		0.7			
	dium Dichromate		-	سر به		
1 1	antalum chloride			655		
l i	hromouni Troxide			0.3		
1 . 1	,			2.0		
1	Chloroform-		0.25			
	•		0- 21	١,		
	rethylene Chloride		0.25		1 1	
į .	Benzme		0.25			
1 1	thyl Glycol Monaethylether		1:0	-		
FL P	R 5-100 a Stripper lorganic Liquid	// 	0.5			
FL	777 Etch (organic liquid) 2T stripper (organic liquid)		2.0			
FL			1,0		.	
	Pentane		0.25		Ħ	
i.Re-L	rewetch (Hydrofluono Hord)		5.0			



Official Use Only

515

CITY OF MOUNTAIN VIEW

FACILITY PERMIT FEE WORKSHEET

Amended 1987 (see back of sheet for instructions)

FIRE PREVENTION BUREAU 1000 Villa Street

Mountain View. CA 94041

(415) 966-6378

ID 1		
Business Name		Date ,
(1) Genus Inc.		(2) 4/6/27
Facility Street Number(s)	Street Name	777

DOT CLASS	Ago (Cu Ft)	gregate Quan (Gal)	tity (Lbs)	1	2	uantity R	ange and 4	Fees 5	6 (Refer To Instructions)	DOT Class Abbrev
(3)	r	(4)				(5)				(6)
Blasting Agent				100	200	300	350	400		BLST
City Reg. Mats - Liquid				100	125	150	175	200		CRM-L
City Reg Mats -Solid				100	125	150	175	200		CRM-S
Compustible Liquid			· · · · · · · · · · · · · · · · · · ·	100	150	200	250	300		CL
Corrosive Gas	102			(100)	200	300	350	400		CORR-G
Corrosive Liquid		jro	***	100	(200)	300	350	400		CORR-L
Carrosive Solid	!		15	100	200	300	350	400		CORP-S
Etiologic Agent			-	150	200	200	200	200		ETI
Explosives A				200	300	400	400	400		EXPA
Explosives B				150	200	300	400	400		EXPB
Explosives C				100	150	200	300	400		EXPC
Flammable Gas	2670			100	200	300	350	400		FG
F'ammable Liquid		48		100	150	200	250	300		FL
Flammable Solid				00	150	200	250	300		FS
Irritant-Liquid		0.25		100	150	200	250	300		IRR-L
fretant—Solid				100	150	200	250	300		IRR-S
Nontlammable Gas	12610			100	150	200	(250)	300		NFG
Organic Peroxide - Liquid	J			100	200	300	400	500		PEROX-L
Organic Peroxide—Solid				100	200	300	400	500		PEROX-S
Other Reg Mats - Liquid				100	150	175	200	250		ORM-L
Other Reg Mats -Solid				100	150	175	200	250		ORM-S
Oxiaizer-Liquid		14		100	200	300	350	400		OXY-L
Oxidizer-Solid			* .	100	200	300	350	400		OXY-S
Poison A—Gas				100	200	300	400	500		POIS-G
Poison A— or B—Liquid		0.5		100	200	300	400	500		POIS-L
Poison A— or B—Solid			6	100	200	300	400	500		POIS-S
RADIOACTIVE				125	125	125	125	125		RAD
CRYCGEN		2200		100	200	(300)	350	400		CRYO
	(7	7) TOTAL FE	E DUE.	\$ 400 +	200 +	600+	250+	<u> </u>	+_6=	\$1410

*City Regulated Materials not classified by Department of Transportation (DOT)

Make check or money order payable to the City of Mountain View and attach to this worksheet.

- (1) BUSINESS NAME—Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) DATE-Enter the date of the application
- (3) DOT CLASS—Department of Transportation hazard class
- (4) AGGREGATE QUANTITY—For the facility with more than one storage facility i.e., more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the total quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3)
- (5) QUANTITY RANGE AND FEES—Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO 3	NO. 4	NO. 5	NO. 6
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2 000	Greater than 2 000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20,000 but less than or equal to 50 000	Greater than 50,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2 750	Greater than 2 750 but less than or equal to 5,500	Greater than 5,500 but less than or equal to 10,000	Greater than 10,000
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25 000 but less than or equal to 50,000	Greater than 50 000 but less than or equal to 100,000	Greater than 100,000
		FEE CALCUL	ATIONS FOR QU	ANTITY RANGE N	10 6	
Cubic Feet	Additional 025 cen	ts per cubic foot abov	e 50 000 cubic feet fo	or any gases. See calcu	lation example below	
	Flammable Gas		000 = 450.000 R = 5) difference		112.50 + \$ 400. 0 (QR #5 f	
Gallons	Additional 1 0 cents	per gallon above 10,	000 gallons for any lic	uids See calculation e	example below	
	Combustible _ Liquids		000 = 90.000 R #5) difference		900 00 + s 300. 1 Add'l fees) (QR #5 f	
Pounds	Additional 0.1 cents	per pound above 100	0,000 pounds for any	solids See calculation	example below	
	Poison A or B Solids	200.000 - 100 (total pounds) (QF	.000 = 100.000 R #5) difference	•	100 00 + \$ 500.0 Add I fees) (QR = 5 0	

AFTER CALCULATING QUANTITY RANGE NO 6 AMOUNTS
ENTER THE TOTAL FEE DETERMINED ON FRONT OF FORM IN APPROPRIATE QUANTITY RANGE NO 6 BOX

- (6) DOT CLASS ABBREVIATION Department of Transportation hazard class abbreviations
- (7) TOTAL FEE DUE—First determine the subtotals by adding the figures in each of the six Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the. City of Mountain View, and attach to this worksheet. Do not make payment by cash

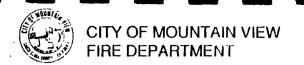


EMERGENCY RESPONSE PLAN

Section I: Evacuation Procedures

This emergency response plan describes the personnel, procedures, and equipment your facility has available to respond to a release or threatened release of the hazardous materials you store or use. This plan is for the protection of your and your employees. For small facilities, this plan may be sufficient to adequately address all your emergency response concerns. For larger or more complex facilities, supplemental and detailed emergency response information should be maintained on site and be available for review by the Fire Department.

🔀 Alarms:	Name of Manufacturer <u>NATIONAL GUARD</u>	
	Last Test Date 3-31-69	Test Frequency MONTHLY
N Horns	Last Test Date 3 3/ 85	Test Frequency monthly
Emerger	ncy Phone Number: Number <u>820-54/-</u> 6	1003
☐ Shouting		<i>,</i>
Other_		
	C has been notified of an emergency situation, what out	side agencies does he/she notify?
	icable items.) FIRE DEPARTMENT	Phone 9 1 1
	State Office of Emergency Services	
A =====		Ohana
Agency		Phone
Agency:	extent of your evacuation pre-planning. (Check applicat	Phone
Agency: Agency: Indicate the Immedia Entire by Assemble Evacuati		Phone
Agency: Agency: Indicate the limit is a limit in the li	te area evacuation routes defined and procedures developed. It area evacuation routes defined and procedures developed. It areas pre-planned. It ion maps posted. Sonnel be injured during the emergency, your facility mustic. Facility Name EL CAMINO HOSPIT	Phone
Agency: Agency: Indicate the limit of limits	extent of your evacuation pre-planning. (Check application area evacuation routes defined and procedures developed. It area evacuation procedures developed. It areas pre-planned. It ion maps posted. Sonnel be injured during the emergency, your facility mustic.	Phone



EMERGENCY RESPONSE PLAN

Section II: Spill Control / Mitigation Equipment

INSTRUCTIONS: In the blank form provided describe the safety, spill reponse, and communication equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop, or work activity area within you facility. If applicable, include the elements listed in legend.

PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

SPILL CONTROLMONITORING EQUIPMENT

COMMUNICATIONS EQUIPMENT

Acrons Gloves ~Coats Chemical Suits

. Boots

Hard Hats

Cartridge Resourators ~ Self Contained Breathing Apparatus

(SCBA) 3

NFirst Aid Kits

Safety Glasses First Aid Stations Faceshield

NExhaust Hood/Vapor Scrubbers 3

Chemical Antidotes ► Eve Wash/Safety Shower Fire Blankets √Fire Extinguishers

(Type A, B, C, and D) Fire Hoses

 Chemical Vapor Monitoring Equipment (Type)

Spill Cart Chemical Absorbents **Neutralizers** Sand

Leak Repair Kits (Chlorine) Undergroud Tank Leak

➤ Detection Monitors Overpak Drums

Plugging/Diking Materials

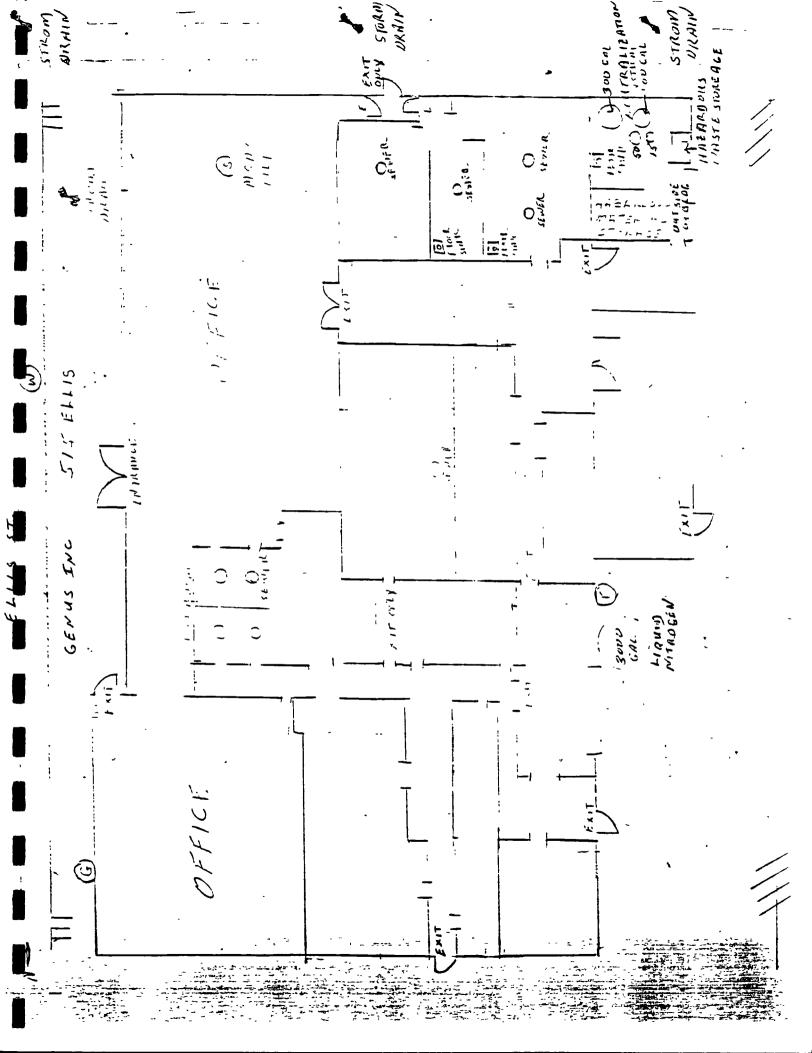
Punts

Pager Telephones Intercoms

Portable Radio(s)

Verbal

LOCATION (SHOP OR AREA)	PERSONAL PROTECTIVE & SAFETY EQUIPMENT/AMOUNT	EMERGENCY RESPONSE SPILL EQUIPMENT/AMOUNT	COMMUNICATIONS EQUIPMENT	NSPECTION FREQUENCY	NAME OF INSPECTOR/TITLE
EXAMPLE: Print Shop	Cartridge Respirators - 4 Shop Coats-4, Gloves-4pr Exhaust Hood-1	Fire Extinguishers-1 Sand-50 lbs	Telephone Verbal	Monthly	John Doe/Lead Technician
PROCESS LAB	Trems CHECKED	ITEINS CHÉCKED ABOJE	VERBAL	MONTHLY	RALPH ITANEN
APPLICATIONS LAB	ABOVÉ	#B&V =			FACILITYS SUPERVISOR
h in the second					
S. H. S. C.					
The second secon					
A COLUMN TO THE PARTY OF THE PA					





FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET MOUNTAIN VIEW, CA 94041

GENUS INC NORMAN ZETTERQUIST 515 ELLIS ST MOUNTAIN VIEW, CA 94043

DUE DATE: APRIL 1, 1988

Don't Panic! It's just that time of the year again to renew your Hazardous Materials Storage Permit. The enclosed Hazardous Materials Management Plan (HMMP) is similar to the one you completed last year, so if you have your copy from last year to work from, you should be able to complete this year's forms easily and quickly.

The major change in the forms this year involves the Business Plan For Emergency Response. It has been simplified and reduced from seven pages down to three.

During 1987, the Waters' Bill (AB 2185/2187) went into effect. This Bill is basically the State's version of our local Hazardous Materials Storage Ordinance (Chapter 24, MVMC). By completing your HMMP this year, you will also fulfill the State of California's requirements under AB 2185/2187.

Please be assured that this information is <u>not</u> merely filed and forgotten. As a matter of fact, one copy of your application is placed in our Hazardous Materials Van. This copy will be used during a fire or hazardous materials incident at your facility to reduce the threat of a hazardous materials release, contain the incident, and minimize impacts on personnel and equipment. Needless to say, keeping this information current (especially personnel names and phone numbers) is ESSENTIAL. There is nothing worse than trying to contact the "responsible" facility personnel listed on your HMMP during an emergency and find they no longer work for your company or have moved to Tahiti!

The information below explains various subjects that may pertain to your facility. Please read it over before completing the forms. Thank you for helping us maintain the safety of Mountain View's citizens, employees, and fire fighters, as well as preserving our soil and groundwater for use in the years ahead.

REGULATED MATERIALS—Some of the most common materials regulated by our Ordianance which must be listed in your HMMP include: gasoline, diesel, motor oil, lube oil, transmission oil, cleaning solvents, degreasing solvents, caustic cleaners, acids, insecticides, herbicides, enamel paints and thinners, and compressed gases (oxygen, acetylene, nitrogen, etc.). If you have any questions regarding specific materials, please call us at (415) 966-6378.

PERMIT FEES--Annual fees are paid on a "facility" basis. If you are a tenant and occupy only a portion of a building, you may make a separate payment for the area you occupy. No application shall be accepted unless and until the fees have been paid (MVMC Sec. 24.44).

LATE CHARGES AND BACK FEES--All permit fees delinquent for thirty (30) days or more shall be subject to double permit fees. The first year requiring a permit was 1985. If hazardous materials were stored in 1985, 1986, or 1987 and permits were not obtained, back fees are due for these years. Back fees are also required for any errors made in previous submittals affecting the fee calculations.

NEGATIVE RESPONSES--If you have no hazardous materials stored at your facility, please return the application forms using the preaddressed envelope with a letter briefly stating this fact. If you are discontinuing usage or storage of hazardous materials during the year, you are still required to file this permit application and pay all applicable fees.

<u>DISCONTINUED USE</u>--If you plan on discontinuing the use and storage of hazardous materials at your facility, a closure plan must be filed with us not less than thirty (30) days prior to the termination of the storage. Please contact us for a closure plan application at (415) 966-6378.

<u>APPLICATION AMENDMENT</u>—Any changes in information on your application must be reported to this office <u>at the time they occur</u>, and an amendment to your application with any applicable fees must be filed. This includes changes in personnel, phone numbers, quantities stored, locations, etc.

RADIOACTIVE MATERIALS—-For all facilities which store or handle any radioactive material in an amount for which a specific license is required by the State Department of Health Services, a copy of your license(s) from the State Department of Health Services must be submitted to us with your application.

WORK STATION EXCLUSION--The materials being used at a work station may be excluded from reporting. The amount of excluded material(s) should be limited to the quantity necessary for approximately one day's use. However, radioactive, cryogenic, compressed gases, and Poison A or B materials MUST BE REPORTED in any quantity, and are not subject to the Work Station Exclusion.

<u>UNDERGROUND STORAGE TANKS</u>——All underground storage tanks and sumps, whether in use or not, must be monitored and reported in this application. This includes any underground container which is used for the storage, containment, handling or treatment of hazardous materials (both wastes and non-wastes). IF THE TANK'S USE HAS BEEN DISCONTINUED IT MUST STILL BE MONITORED OR REMOVED.

FOR INFORMATION AND ASSISTANCE—For additional copies of the application forms or further information, contact the Fire Department at 1000 Villa Street or call (415) 966-6378. We recommend that all forms be typed to ensure legibility of all copies. Retain the original (white) sheet of the application forms for your own records and submit the colored copies to the Fire Department using the preaddressed return envelope provided.

COPIES OF THE HAZARDOUS MATERIALS STORAGE PERMIT CODE (ORDINANCE)
(MVMC CHAPTER 24), ARE AVAILABLE AT THE CITY CLERK'S OFFICE
IN CITY HALL, OR CALL (415) 966-6304

YOUR HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) IS INCOMPLETE.

PLEASE ADDRESS THE ITEMS INDICATED BELOW BY THE DATE SHOWN.
A FULL TERM PERMIT WILL BE ISSUED WHEN THESE ITEMS HAVE BEEN COMPLETED.

Facility GENUS IUC Address 515 Ellis ST	
Name LORM ZETTERQUIST. Due Date 5/1/88.	
Renew your application to store hazardous materials (HM-3), including appropriate fees. Permits must be renewed annually. Complete the enclosed forms and submit them to: Mountain View Fire Dept., Hazardous Materials Division, 1000 Villa St., Mtn. View, CA 94041 ——————————————————————————————————	ie L.
to indicated items and any comments enclosed.	(6161
Signature & date is required. Quantities stored are not clear and/or incorrect. MSDS's are required. Waste(s) must be indicated. Annual waste throughput must be noted on the form. Facility map needs more determined are not ground) must be clarified. Application is incomplete. out and submit enclosed for Business plan for emergency response needs more information.	Fill cms.
A recent inspection by the Fire Department indicates chemicals stin quantities greater than what was reported. The attached form, "Storage Facility Permit Quantity Limit" must be revised to reflethis, and additional fees paid if reported quantity ranges increases.	, ect
Additional backfees are owed in the amount of \$, for the storage of hazardous materials during the year.	
Due to your lateness in filing, deliquent fees (double permit fee of \$ are now owed for the year.	?S)
* An error was found on your Facility Permit Fee Worksheet. 100 is still owed to complete your application.	
An error was found in your favor. You have a credit of \$ towards the year.	
* POISON Solid ARE NOT EXEMPT. WE ARE AWARE OF CRI	<u> ZDI</u> TS
FOR BOTH FACILITIES.	
Thank you for your cooperation in submitting this information to It will aid us directly in managing a hazardous materials incident at facility and provide a greater degree of protection for your employed	your

hmadd -1/1/88

neighbors, and first responders. Thanks Again!

All Market

MVFD-Hazardous Materials Section

Official Use Only

CITY OF MOUNTAIN VIEW

STORAGE FACILITY PERMIT QUANTITY LIMIT

Overselva 2 Dhyman Chata

Amended 1987 (see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

Page of Pages

Storage Facility

Date

The se Ting Tangelmant

(3)Ou

Business Name Inc -

Facility Street Number

Street Name

	_			ty & Physical		¥	ste	orig
	DOT	Champed Name /Trade Name	Gas	Liquid	Solid	Tank	Š	Waste Throug
	CLASS (5)	Chemical Name/Trade Name (6)	, (Cu Ft) (7)	(Gai) (8)	(Lbs) (9)	(10)((12)
	P015-5	molydenium chloride.			0-5-			1
	P015-5	Tringston Hexaehlonde		- 1	1.0			
	P015-5	Tantalum Trifluonde	•	- <u>.</u>	05			
	C055-6	Copper Trifluorde	120				-	-
	C053-G	Alumium Tribromide	1.0	1,23 **			-	•
	P015-5	molydonium Hexafluoride :=		· .	10			•
	CORE-G	Trufluoroacety Acetonate	0.5			-	-	· ~
	CORR-S		g		ر ودا			- · · ·
_	CORR-5	Potassium Ferrocyanide		<i>B</i> • • •	0.5	-		
	POR -L	copper Trifluoro a cetylace trae in.	**************************************	0.1		•	.	-
		Benzine		- 0 0	.			
	P015-5	Sodium Dichromate			0-5			
_	Pas-s	Tantalum Chleride			0.5			
	P015-3	Chromium Troxide			2.0			
_	FL	Heptane		0.25				
	FL	chloroform.		0.25				
	トーし	methylene Chloride.		0.25	,			
	IER-L	Benzme		0.25				
•	FL	Ethyl Glycol Monaethylether		1:0	_			
	FL	PRS-1000 Stripper (organic Liquid)		0.5				** ***
	FL	777 Etch (organic liquid)		2.0				
L	FL	RT stripper (organic liquid)		1.0			- برشر	المتحدد بيخ سها و موء مع
F	FU	ran Tave		025	- 5-			
	CORR-L	Pre-WEtch (Hydrofluorie Acid)		5.0				
		<u> </u>		·	1	1		

AL UNITED TO STATE OF THE PARTY OF THE PARTY

111-4 (Rev 12/86)

CITY OF MOUNTAIN VIEW

FACILITY PERMIT FEE WORKSHEET

Amended 1987 (see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

Official Use Only	_									
ID L L L L]									
Business Name									Date , ,	
(1) Genus I	00:							(2)	4/6/	7-5
Facility Street Number(Stre	et Name							, //
SIT Ell		/- .								
3/1 ·_//										
DOT CLASS	Agg (Cu Ft)	gregate Quan (Gal)	tity (Lbs)	1	. Q	uantity Ra 3	ange and 4	Fees 5	6 (Refer To Instructions)	DOT Class Abbrev.
(3)		(4)			_	(5)				(6)
Blasting Agent				100	200	300	350	400		BLST
City Reg Mats.—Liquid		,,		100	125	150	175	200		CRM-L
City Reg Mats.—Solid		, , , , , , , , , , , , , , , , , , , ,		100	125	150	175	200		CRM-S
Combustible Liquid		·····		100	150	200	250	300		CL
Corrosive Gas	102			(100)	200	300	350	400		CORR-G
Corrosive Liquid		120		100	200	300	350	400		CORR-L
Corrosive Solid			1.5 6704	100	200	300	350	400		CORR-S
Etiologic Agent			,	150	200	200	200	200		ETI
Explosives A				200	300	400	400	400		EXPA
Explosives B				150	200	300	400	400		EXP B
Explosives C				100	150	200	300	400		EXPC
Flammable Gas	2670			100	200	300	350	400		FG
Flammable Liquid		48		100	150	200	250	300		FL
Flammable Solid		N		100	150	200	250	300		FS
Irritant-Liquid		0.25		100	150	200	250	300		IRR-L
Irritant-Solid				100	150	200	250	300		IRR-S
Nonflammable Gas	12 410		,	100	150	200	250	300		NFG
Organic Peroxide—Liquid	J			100	200	300	400	500		PEROX-L
Organic Peroxide—Solid				100	200	300	400	500		PEROX-S
Other Reg. Mats.—Liquid				100	150	175	200	250		ORM-L
Other Reg Mats.—Solid				190_	150	175	200	250		ORM-S
Oxidizer—Liquid		14	,	100	200	300	350	400		OXY-L
Oxidizer—Solid				100	200	300	350	400		OXY-S
Poison A—Gas				100	200	300	400	500		POIS-G
Poison A— or B—Liquid		25		100	200	300	400	500		POIS-L
Poison A— or B—Solid			6	100	200	300	400	500		POIS-S
RADIOACTIVE				125	125	125	125	125		RAD
CFYOGEN		2200		100	200	(300)	350	400		CRYO
1	(7) TOTAL FE		•	<u>200)</u> +	600+	250+	1000		s/418-
	*City Regulate	ed Materials r	not classified	7 ⁻ hv Dena:	rtment o	t Transno	rtation (D	~ 88		1550
-	heck or money								Ow E	100



NOUN COMMENT	ELOLIN IONA VALLE INTERV		
CITY OF	MOUNTAIN VIEW	HAZARDOUS MATERI	AL MANAGEMENT PLAN
1000 Villa Stre Mountain View	et , CA 94041	le- City	nith View
Official Use Only		1	
	1985	- Hayard	Nignet Plan
Business Name		0	
-(1) GENUS,	1081	e- copies d	I submitted
Facility Street Address (3) 5/5 F///S	1700		
Mailing Address	1936/01-11	5 Lan	- Nilos
(4) .5/5 EU	55		he 12/4/65
(5) Persons Responsible For			
	Name Name		Phone Number
APPLICATION	W. LEHNER	(41,	5 960-1120
BUSINESS	LLEHNER / C. BE	CK (4)	5) 940-1120
PROPERTY	BANK OF AMERI	(C))
(6) Persons Responsible For Respo	nding in An Emergency After Normal Wo	ork Hours	
Name	Title	Home Phone Number	Work Phone Number
TODD SUSSENBE	ELGER FACILITIES HT, (408) 275-4512	(415) 960-1150
W. LEHNER	D V-PRES	415) 94! - 3897	(415) 960-1120
C. BECK	V-PRES	1081395-2455	(415) 940-1120
	()	()
(7) Business Activity (check application)	• •		
R&D	☐ Manufacturing ☐ Offices/Clerical	☐ Repair/Ma ☐ Retail	aintenance
☐ Medical	Testing T	☐ Other	
The second of th	- 1) naio
(8) I declare under penalty of perjur	y, the foregoing information is true and	orrect.	The second secon

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street
Mountain View CA 94041

Mountain View. CA 94041	115) 966-6378		•
Official Use Only			
Business Name			Business Phone Number
(1) GENUS, INC		(2)	(415) 940-1120
Facility Street Address			
(3) 515 ELLIS ST	MTN	VIEW	CA 94043
Mailing Address	Cı		State Zip Code
(4) .5/5 EUIS ST	MITI	VIEW	CA 94043
	ame		hone Number
APPLICATION $U/$, $\angle EHA$	IER	(415)	460-1120
BUSINESS WILLEHNER	/ C. BECK	(415)	960-1120
PROPERTY BANK CF	AMERICH	()	
(6) Persons Responsible For Responding In An Emergenc	y After Normal Work Hours		
Name Title	Home Pl	hone Number	Work Phone Number
TODD SUSSENBERGER FAC	ILMIÉS MT. (408) Z	75-4522	(415) 960-1150
W. LEHNER V-A	PRES (415) 9	41-3897	(415) 960-1120
C. BECK V-A	PES (408) 3	95-2455	(415) 940-1120
	()		()
(7) Business Activity (check applicable box)			
R&D 🗆 Manut	acturing	☐ Repair/Main	tenance
☐ Processing	s/Clerical	☐ Retail	
☐ Medical ☐ Testing	,	☐ Other	· ·
 		e de e	
(6) declare under penalty of perjury, the foregoing inform $A/A/A/A$	ation is true and correct	I ATU I SE	11-11-15
YYIAUIINU	: / //W	VIII	10 4 00

- (1) BUSINESS NAME Enter business name for which the application applies
- (2) BUSINESS PHONE Enter business phone number
- (3) FACILITY STREET ADDRESS—Enter complete address for the specific 'facility' for which the application applies and do not use general mailing address. A facility' means a building or buildings, appurtenant structures and surrounding land used by a **single** business entity at a **single** location or site (single property or contiguous properties).

If you are a tenant and occupy only a portion of a building, you **must** submit a separate full application for the portion of the building you occupy If you are a corporate division and occupy a portion of a building, you **may** submit a separate application for the portion of the building you occupy

Be sure to enter the complete address street number, direction, street name, building, suite or room number and zip code

- (4) MAILING ADDRESS Enter full mailing address if different from the facility address
- (5) PERSONS RESPONSIBLE FOR Enter names and phone numbers for persons responsible for the

APPLICATION (Actual completion of all HM-3 forms)
BUSINESS (Corporate Officer or partner)
PROPERTY (Owner of property)

- (6) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY List four persons to be contacted in case of an emergency after normal work hours. Along with their names, include their job title, home phone-number and work phone number.
- (7) BUSINESS ACTIVITY—Check one or more boxes next to the activity description(s) that apply
- (8) DECLARATION OF INFORMATION Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet

This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View, Fire Prevention Bureau

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View. CA 94041

(415) 966-6378

Offic	ial U	se C	nly			
D		1	1	1	. 1	

Business Name

Facility Street Number	Street Name	• _	
515	ELLIS	ST	

DOT CLASS (3)	Ag (Cu Ft)	gregate Quan (Gal) (4)	tity (Lbs)	1	Quantity 2	y Range a 3 (5)	and Fees 4	5	DOT Class Abbreviations (6)
Blasting Agent				50	75	100	150	200	BLST
Combustible Liquid				25	50	75	100	125	CL
Corrosive Liquid		87		25	(100)	125	150	200	CORR-L
Corrosive Solid	,	,		25	100	125	150	200	CORR-S
Etiologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXPA
Explosives B				100	150	200	200	200	EXP B
Explosives C				75	100	150	200	200	EXPC
Flammable Gas	2868			25	100	(125)	150	200	FG
Flammable Liquid		45		(25)	50	75	100	125	FL
Flammable Solid			_	25	50	100	150	200	FS
Irritant – Liquid				25	50	75	100	125	IRR-L
Irritant - Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	6700			25	50	75	(100)	125	NFG
Organic Peroxide — Liquiq				150	200	200	200	200	PEROX-L
Organic Peroxide — Solid				150	200	200	200	200	PEROX-S
Other Reg Mats - Liquid				100	150	175	200	200	ORM-L
Other Reg Mats - Solid				100	150	175	200	200	ORM-S
Ox:dizer — Liquid		24		(25)	50	100	150	200	OXY-L
Oxidizer — Solid				25	50	100	150	200	OXY-S
Poison A—Gas				50	100	150	200	250	POIS-G
Poison A—Liquid		• •		50	100	150	200	250	POIS-L
Poison B — Liquid				50	100	150	200	250	POIS-L
Poison B — Solid				50	100	150	200	250	POIS-S
RADIOACTIVE				*	*	*	*	*	RAD
CRYOGEN		3440		25	50	75	(100)	200	CRYO

(7) Total Fee Due

\$ 50 + 100 + las + 200 + 0

*Contact Fire Prevention Bureau for additional reporting requirements and fees.

(100 credit toward 86

- (1) BUSINESS NAME Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) DATE Enter the date of the application
- (3) DOT CLASS Department of Transportation hazard class
- (4) AGGREGATE QUANTITY—For the facility with more than one storage facility i.e. more than one building(s) or outside storage area(s) used for nazardous material storage, the aggregate quantity is the total quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3)
- (5) QUANTITY RANGE AND FEES—Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges

QUANTITY RANGE NUMBERS

UNITS	NO.1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20 000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5.000	Greater than 5 000 but less than or equal to 25,000	Greater than 25 000 but less than or equal to 50 000	Greater than 50,000

- (6) DOT CLASS ABBREVIATION Department of Transportation hazard class abbreviations
- (7) TOTAL FEE DUE First determine the subtotals by adding the figures in each of the five Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the 'City of Mountain View' and attach to this worksheet. Do not make payment by cash



CITY OF MOUNTAIN VIEW HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

Official Use Only			
Business Name			Business Phone Number
(1) GENUS INC		(2)	(415) 964-1100
Facility Street Address		_	
(3) 290 FERGUSON DR	MTN.	VIEW	CA 94043
Mailing Address	Ci	ty	State Zıp Code
(4) AS ABOUE			
(5) Persons Responsible For	Name	P	hone Number
APPLICATION W . LEH	NER	(415)	960-1120
BUSINESS W. LEHA	IER/C. BECK	(415)	960-1120
	AMERICA	()	_
(C) D			
(6) Persons Responsible For Responding In An Emer	gency After Normal Work Hours		
Name little		hone Number	Work Phone Number
TODO SUSSENBERGER FACIL	ITIES MAINT (408) 3	175-6512	(415) 960-1120
W. LEHNER V-PA	PES (415) 9	41-3897	(415) 960-1120
C, BECK V-P.	2ES (408) 3	45-2455	(45) 960-1120
	()		()
(7) Business Activity (check applicable box)			
□ R&D L M	anufacturing	☐ Repair/Main	tenance
	ffices/Clerical	☐ Retail	
	esting	☐ Other	
	· · · · · ·		
8` I declare under penalty of perjury, the foregoing in	formation is true and correct		
N. LEHNER	Mehn	el.	12-4-85.
Print Name	Signal	ure	Date

- (1) BUSINESS NAME Enter business name for which the application applies
- (2) BUSINESS PHONE Enter business phone number
- (3) FACILITY STREET ADDRESS—Enter complete address for the specific facility" for which the application applies and do not use general mailing address A 'facility' means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site (single property or contiguous properties)

If you are a tenant and occupy only a portion of a building, you **must** submit a separate full application for the portion of the building you occupy if you are a corporate division and occupy a portion of a building, you **may** submit a separate application for the portion of the building you occupy

Be sure to enter the complete address street number, direction, street name, puilding, suite or room number and zip code

- (4) MAILING ADDRESS Enter full mailing address if different from the facility address
- (5) PERSONS RESPONSIBLE FOR Enter names and phone numbers for persons responsible for the

APPLICATION (Actual completion of all HM-3 forms) BUSINESS (Corporate Officer or partner) PROPERTY (Owner of property)

- (6) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY—List four persons to be contacted in case of an emergency after normal work hours. Along with their names, include their job title, nome phone number and work phone number.
- (7) BUSINESS ACTIVITY-Check one or more boxes next to the activity description(s) that apply
- (8) DECLARATION OF INFORMATION—Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet

This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View Fire Prevention Bureau

THE COUNTY OF TH

Official Use Only

CITY OF MOUNTAIN VIEW

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View. CA 94041

(415) 966-6378

Court View. CA 34041 (410) 300-0

ID: 1 1 1

Business Name

GENUS /X/C

Date 2) 12-4-85

Facility Street Number Street Name

290 FERGUSON DRIVE

	, 0 - 7 0 -		2101						
DOT ÇLASS (3)	Aç (Cu Ft)	ggregate Quant (Gal) (4)	(Lbs)	1	Quantity 2	/ Range a 3 (5)	and Fees 4	5	DOT Class Abbreviations (6)
Blasting Agent				50	75	100	150	200	BLST
Compustible Liquid		ŀ		25	50	75	100	125	CL
Corrosive Liquid				25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Etrologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXPA
Explosives B				100	150	200	200	200	EXPB
Exclosives C				75	100	150	200	200	EXPC
Flammable Gas				25	100	125	150	200	FG
Flammable Liquid		20		(25)	50	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant – Liquid				25	50	75	100	125	IRR-L
Irritant - Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	4997			25	50	75	100	125	NFG
Organic Peroxide — Liquid				150	200	200	200	200	PEROX-L
Organic Peroxide — Solid				150	200	200	200	200	PEROX-S
: Other Reg Mats - Liquid				100	150	175	200	200	ORM-L
Other Reg Mats - Solid				100	150	175	200	200	ORM-S
Cardizer — Liquid				25	50	100	150	200	OXY-L
Cividizer - Solid				25	50	100	150	200	OXY-S
Poison A—Gas				50	100	150	200	250	POIS-G
Poison A—Liquid		•		50	100	150	200	250	POIS-L
Poison B – Liquid	,			50	100	150	200	250	POIS-L
Poison B - Solid				50	100	150	200	250	POIS-S
RADIOACTIVE '	. 			*	*	*	*	*	RAD
TRYOGEN **		りナナで		25	50	75	100	200	CRYO

(7) Total Fee Due

\$ 25 + 0 + 75 +100 + 0 =\$ 200

- (1) BUSINESS NAME Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) DATE Enter the date of the application
- (3) DOT CLASS Department of Transportation hazard class
- (4) AGGREGATE QUANTITY—For the 'facility' with more than one storage facility' i.e. more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the total quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification snown in Column (3)
- (5) QUANTITY RANGE AND FEES—Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2 000	Greater than 2,000 but less than or equal to 10 000	Greater than 10 000 but less than or equal to 20 000	Greater than 20 000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2 750	Greater than 2,750 but less than or equal to 5 500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5 000	Greater than 5,000 but less than or equal to 25 000	Greater than 25,000 but less than or equal to 50,000	Greater than 50 000

- (6) DOT CLASS ABBREVIATION Department of Transportation hazard class abbreviations
- (7) TOTAL FEE DUE—First determine the subtotals by adding the figures in each of the five Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the. City of Mountain View, and attach to this worksheet. Do not make payment by cash

12-4-05- Ellis St D Cylinders JA FRAM 45 332 ×5-1600 auft B B 5 Felling 286 x 5 1430 cuft 1:N2 A \$ 10 301 × 10 3010 cuft # 3 istylicyn Fa 256x 3 762 cuit 335×2 1th Oxyan 2 670 cu to 4+1-5 420×5-Silane FG 2100 cuft Wfo -1-40lh. NF3 16 gel · acids -Exityr 2Hgy 57 gal Caustu Irla 30 fo 50 Sal acatone acaton 3/54

City of Mount	☐ F.NANCE		XI FIRE	•		·227A	*•••K5	enna.			AGEMENT PLAN ructions)
DEPARTMENT	☐ RECREATI	ON	Ü LIBF	RARY ER		271/4	_	-1			i.
CEIVED FRO		nu	, <u>T</u>	nc.			DATE	06		95	
<u></u>	ACCOUN	NT CODE			D	ESCRIPTION	.3•		LOMA	<u> </u>	
	2671	C57	14	11	Haz. Mat. S	Trace	reimi	1	W50	7=5	
					tor 515 4	ili)				00	ss Phone Number
											1 960-1/20
											700 .120
	<u> </u>	1			<u> </u>		TOTAL		650	00	94043
CHECK N	11-35	CASH		\bigcirc 1	ceink	x DC	1 H	Ţ.,	750		. Zıp Code
M F1 5 (12-82)	1210		BY _	().	CASHIER			No.	750	J2_	94043
W F1 5 (12-62)						Ú	J			-	
(5) Persons	s Responsi	ble For					,				
1	PPLICATIO	\a.	70	100	Name			٦		Phone N	
Ar	PPLICATIC)N		LAKK	FUHS			_	(415	96	0-1120
BI	USINESS		W.	ELDE	ER / W. LEHN	<i>50</i>		٦	Cilia	7 6,	1/2 A
_		l		LUC	~ / W WHI	<u>=</u>			(47-	760	0-/120
PF	ROPERTY		Bol		OF AMERICA	<u> </u>		7	()	
۷.		'	120	747-	UI TIPICAJEN	•		_	L		
(6) Persons	s Responsi	ble For I	Respond	ling In Ai	n Emergency After N	Normai Worl	k Hours				
	A 1			•		,	I Db	- Al t		144	ant. Discours Nicorals and
1/22	Name	,	<u> </u>		Title		lome Phon			(4/s	ork Phone Number
- PAR	VIN B	PALTIC	#HN	-/	HINTANENCE		725	736-1	7	(, ,	5) 960-1120
JAE	SOLINS	 K1	Le	40-1	AINTAMENCE	(4	15) 182	7c	36	(4/5	5) 960-1120
				1	WIN THE CIVE		/ / 5	10			700 1,10
			_)			()
1					····	()			()
_											
(7) Busines			pplicabl	e box)							
	X R&0				☐ Manufacturing				epair/Mai	intenanc	: -
	☐ Proc	_		-	M Offices/Clerica	al					
	☐ Med	icai			☐ Testing			□ 0	mer		
			-	-	.,	1	•				
● (8) i declar	e under pe	enalty of	perjury.	the foreg	oing information is t	true and co	rect	1	-	- 10 342	
	W. A	(EH	NE	R		1/4/	LAMIA		- 		Hulls
= 2	Pr	int Nam	e			100	Signature	,,,,			
HM-3		- 	<u> </u>	TO THE STATE	The state of the s	- 94min	y X ye	4 - 1963年5日 第一 ^{27 -} 2			
			-				4		, ,		是在国家和北京的

Official Use Only

CITY OF MOUNTAIN VIEW

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

Revision

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

ID . L L . L . L					
Business Name		_	_	Business	Phone Number
(1) GENUS INC			(2)	(415)	960-1/20
Facility Street Address			-		
(3) 515 EUIS	STREET	MCUNTAIN	VIEW	CA	94043
Mailing Address		City		State	Zıp Code
(4) 515 ELLIS	STZEET	MOUNTAIN	VIEW	CA	94043
(5) Persons Responsible For	Name	,	Dh	none Numl	her
APPLICATION [CIARK FUHS		(415)	960 -	
BUSINESS [W ELDER / W. LEHNER		(415)	960-	/120
PROPERTY	BANK OF AMERICA		()		
(6) Persons Responsible For R	Responding In An Emergency After Norm	al Work Hours			
Name	Title	Home Phone Numb	er	Work F	Phone Number
MARVIN BRAUTIG	IAN MAINTANIENCE	(408) \$736-1	114	(415)	960-1120
JOE SCLINSKI	LEAD - MAINTANCE	(415) 182-7c	36	(415)	960-1120
L		()		()	
		()		()	
(7) Business Activity (check ap	oplicable box)				
X R&D	☐ Manufacturing	□ Re	epair/Maint	enance	
☐ Processing	. Offices/Clerical		etail		
☐ Medical	☐ Testing	□ O i	ther		
	perjury, the foregoing information is true a				
VX/ LEH	NER	Pelland.	-	4	4/20/85

- (1) BUSINESS NAME Enter business name for which the application applies
- (2) BUSINESS PHONE Enter business phone number
- (3) FACILITY STREET ADDRESS—Enter complete address for the specific 'facility' for which the application applies and do not use general mailing address. A facility' means a building or buildings, appurtenant structures and surrounding land used by a **single** pusiness entity at a **single** location or site (single property or contiguous properties).

If you are a tenant and occupy only a portion of a building, you **must** submit a separate full application for the portion of the building you occupy If you are a corporate division and occupy a portion of a building, you **may** submit a separate application for the portion of the building you occupy

Be sure to enter the complete address street number direction, street name, building, suite or room number and zip code

- (4) MAILING ADDRESS Enter full mailing address if different from the facility address
- (5) PERSONS RESPONSIBLE FOR Enter names and phone numbers for persons responsible for the.

APPLICATION (Actual completion of all HM-3 forms) BUSINESS (Corporate Officer or partner) PROPERTY (Owner of property)

- (6) PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY—List four persons to be contacted in case of an emergency after normal work hours. Along with their names include their job title, nome phone number and work phone number.
- (7) BUSINESS ACTIVITY—Check one or more boxes next to the activity description(s) that apply.
- (8) DECLARATION OF INFORMATION Print the name of the person responsible for the information submitted on the HM-3 forms, to include the Hazardous Material Management Plan, General Facility Map, Storage Facility Permit Quantity Limit and Facility Permit Fee Worksheet

This person must sign and date the Hazardous Material Management Plan before submitting the HM-3 forms and payment of permit fees to the City of Mountain View. Fire Prevention Bureau



FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

GENERAL FACILITY MAP (see back of sheet for example)

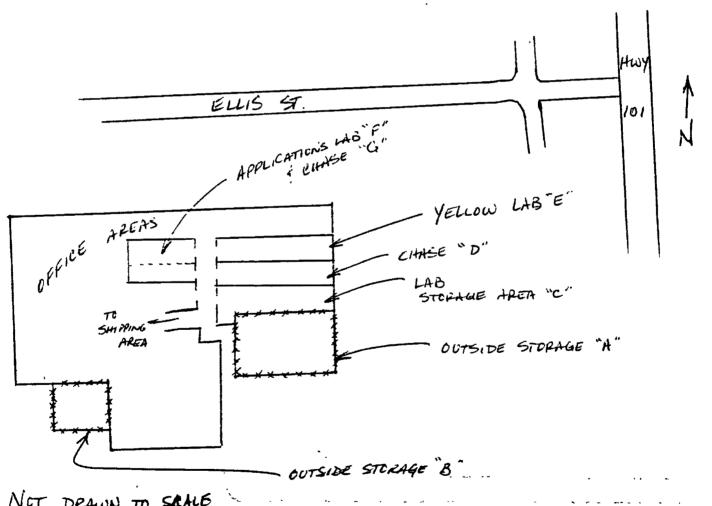
Revision

Offic	ial U	se C	nly			
ID)	1	1	ŧ	1	1	

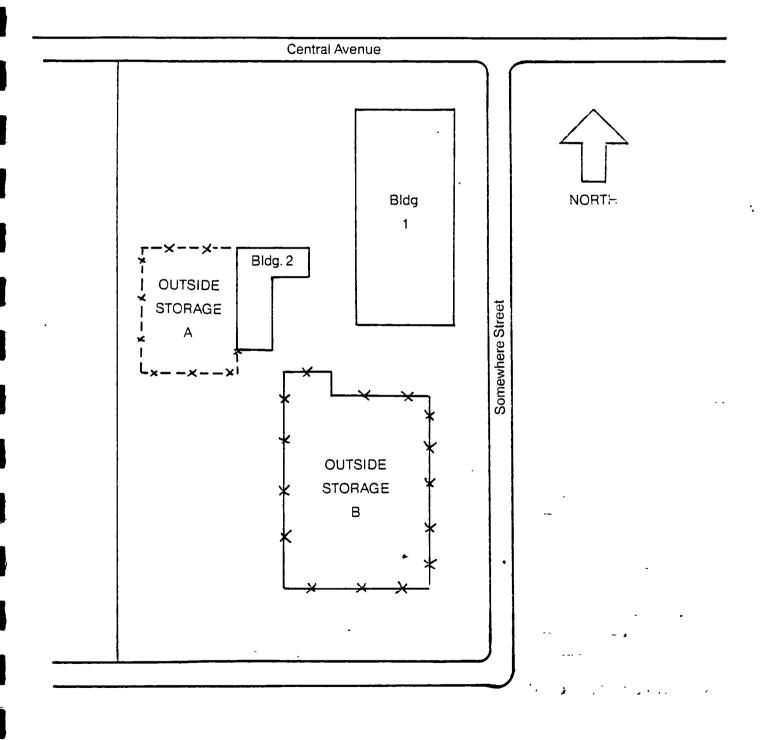
Business Name			
GENUS INC			
Facility Street Number	Street	Name	
515	ELLIS	STREET	

APRIL 25, 1985

Provide a simple line drawing below following the example shown on the back of this form



NOT DEAWN TO SEALE



CITY OF MOUNTAIN VIEW STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

F	1	R	E	P	R	E۷	Έ	N	TI	ON	8	UREA	J
		-	_			_							

COUNTY COUNTY	1000 Villa Street Mountain View, CA 94041 (415) 966-6378	Revi	ision	Page (1)	of Pa	ges Z
Official Us	e Only			Date		
ID	+ 1 1 1			(2) 4-25	5-85	******
	The state of the s			Storag	e Facility	
Pugin	ess Name			(3) "A		
	ENUS INC.					
	by Street Number Street Name					Ð
	15 ELLIS STREET					Rang
(40	Quantity Range
DOT	·	Gas	ity & Physica Liquid	Solid	Tank Waste)uan
CLA S S (5)	Chemical Name/Trade Name (6)	(Cu Ft) (7)	(Gai) (8)	(Lbs) (9)	(10) (11)	-
	STORAGE AREA "A"					
FL	ASSORTED FLAMMABLE LIQUIDS		50			1
,	1,1,1,- TRICHLOPOETHANE 2-PROPARCL ACETONE					
	TRISOBUTYLALUMINUM HEPTANE METHANOL					
	METHYLENE CHURIDE PENTANE BENZENE					
	2-3% CREANCHETTALICS IN BENZENE SCLVENT	1	•			
FL	WASTE SELVENTS		55		*	/
CORR-L	ASSERTED CORRESIVE LIQUIDS					
	SILFURIC ACID NITRIC ACID HYDROFILIORIC ACID PHESPIBERIC ACID HYDROCHLORIC ACID ACETIC ACID		45			1
CXY-L			30			1
	HYDROGEN PERCKIDE NITRIC ACID		100			
52M-L	ASSORTED CTITER REGULATED MATERIALS		14.5			2
	CARBON TETRACHORIDE AMMONIUM FLUORIDE		140			
	AMMONIUM HYDROXIDE SODIUM HYDROXIDE					
F4	HYDROGEN	1060				1 -
=4	SILANE	1590				1
NFG	NITEGEN TRI FLUORIDE	150				1
NFG	CARBON TETRAFLUCTIOE	1200				1
NFG	ARGON.	2000				7
NFG		1150				
NFG		2000				1
Sept.		1320	-	-		1
NFG	to a same	600	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, t.c.	1
NF		<100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
CCE2-6	TUNGSTEN HEXAFLUORIBE	186	2 11		<u> </u>	1

INSTRUCTIONS

- (1) When more than one page is used for a storage facility, enter the page number and total number of pages
- (2) DATE Enter the date of the application
- (3) STORAGE FACILITY—A storage facility" means an individual building, outside storage area, and/or other outside structure that is used to store hazardous materials. When there is more than one storage facility being used by a business at a single location, enter a number(s) or letter(s) that is used to identify each building or area being reported. NOTE: Use a separate form for reporting each building or storage area. A simple line drawing of the facility on 8½"x11" size paper showing the building(s) and outside storage area(s) with their assigned designation number or letter should be submitted to help identify where each storage facility is on the property in relation to other storage facilities. Form HM-3. General Facility Map, may be used for completing this requirement. If you are a tenant or corporate division and occupy only a portion of a building, you must submit a General Facility Map showing the portion of the building(s) you occupy.
- (4) BUSINESS NAME Enter business name and the street address for the specific 'facility' for which the application applies and do not use general mailing addresses. A "facility' means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (5) DOT CLASS Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below and report the hazardous materials stored using the DOT hazard class in the same sequence as shown below i.e., the first DOT class that may be reported would be BLST" (Blasting Agent) followed by "CL" (Combustible Liquid), and so on These same abbreviations are shown again in the same order on the Facility Permit Fee Worksheet. Form HM-3 NOTE After all the entries for the DOT class have been made, draw a line across the page before starting the next DOT class as listed above. Use as many additional pages of this form as necessary to complete the report for each storage facility.

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST	Flammable Solid	FS	Oxidizer - Liquid	OXY-L
Combustible Liquid	CL	Irritant - Liquid	IRR-L	Oxidizer - Solid	OXY-S
Corrosive Liquid	CORR-L	Irritant - Solid	IRR-S	Poison A-Gas	POIS-G
Corrosive Solid	CORR-S	Nonflammable Gas	NFG	Poison A-Liquid	POIS-L
Etiological Agent	ETI	Organic Peroxide - Liquid	PEROX-L	Poison B-Liquid	POIS-L
Explosives A	EXP A	Organic Peroxide - Solid	PEROX-S	Poison B-Solid	POIS-S
Explosives B	EXP B	Other Regulated '		RADIOACTIVE -	RAD
Explosives C	EXPC	Materials - Liquid	ORM-L	CRYOGENS	CRYO
Flammable Gas	FG	Other Regulated			
Flammable Liquid	Fi	Materials - Solid	ORM-S		

(6) CHEMICAL NAME / TRADE NAME — For **each** hazardous material (includes both non-waste and waste materials) where the quantity stored is Quantity Range No. 1" (see chart below) i.e., **less** than 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet (STP) for gases, the exact chemical name for each chemical is **not** required. Summarize these individual small quantity chemicals by the DOT class name and report as a single line with the DOT class name preceded by the word "Assorted." Example. Assorted Flammable Liquids.

For each hazardous material (includes both non-waste and waste materials) where the quantity stored is "Quantity Range Nos 2 through 5 i.e. greater than 55 gallons, 500 pounds, or 200 cubic feet, provide the chemical name, proprietary name, or chemical name of major constituents for mixtures; followed by a slash and then the applicable trade name. Example, trichlorotrifluoroethane/Freon 113

NOTE All radioactive, cryogenic and compressed gases must be reported even though they may not be listed as a regulated hazardous material

All transformers and capacitors with polychlorinated biphenyls contents over 7 ppm must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name

- (7-9) QUANTITY AND PHYSICAL STATE—Enter the maximum anticipated total quantity of hazardous material that is normally stored in the storage facility for each chemical and/or DOT class when summarizing small items, using Columns 7-8 and 9, depending upon the physical state of the material. Round off the quantities to the nearest whole gallon, pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- 10) TANK—Mark an X in the column if the material is stored in an above-ground or underground tank
- 11) WASTE Mark an X in the column if the material is a waste
- (12) QUANTITY RANGE—Using the Quantity Range Numbers shown below enter the Quantity Range Number for the corresponding quantity recorded in Columns 7, 8 and 9 for each chemical and/or DOT class when used to summarize small quantity items. The quantity ranges shown will be the "permit quantity limit" for the hazardous materials that may be stored in the "storage facility".

QUANTITY RANGE NUMBERS

UNITS	NO.1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10,000 but less than or equal to 20,000	Greater than 20 000
Gailons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5 500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5 000	Greater than 5,000 but less than or equal to 25 000	Greater than 25,000 but less than or equal to 50 000	Greater than 50,000

The street of th

CITY OF MOUNTAIN VIEW STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

FIRE PREVENTION BUREAU 1000 Villa Street Mountain View CA 94041

(415) 066-6378

Revision

	Page	of	Pages
11	2		2

COUNTY CHA	Mountain View, CA 94041 (415) 966-6378	~~~~	7010	(1) 2	2
Official Use	Only			Date	
10				(2) 4-	25-35
					e Facility
Busine	ss Name			(3) "B" -	THRU G"
(4) GE	NUS INC.				
Facility	Street Number Street Name				əf
51	5 ELLIS STREET				Ran
		Quant	ity & Physica	i State	Tank Waste Quantity Range
DOT CLASS	Chemical Name/Trade Name	Gas (Cu Ft)	Liquid (Gal)	Solid (Lbs)	Tank Waste Quant
(5)	(6)	(7)	(8)	(9)	(10) (11) (12)
	STORAGE "B"				
C2yc	LIGUID NITAGEN	26/000			5
		26toco			
	STORAGE AREAS "C" F "F"				
FL	ASSORTED FLAMINAGLE LIGUIDS				
			3		
COPR-L	2. PROPANOL 1,1,1-TRICHLORGETANE ACETONE				
CURK-Z					
Court	HYDROFLUCRIC ACID, NITRIC ACID SULFURIC ACID		3		
CAJ-L	HYDROGEN PEREXIDE		2		
	STORAGE AREAS "D" ! "G"				
CORZ-G	TUNGSTEN HEXAFLUOZIDE	4100			/
NF4	NITEGEN TRIFLECRIDE	<200			/
- 5	HELLY (D"ONLY)	300			1 2 2
	NITPOGEN	1200			
- /	CARBON TETRAFLUCRIDE ("D" ONLY)	∠ /00			
	STORAGE APEA "E"				
FL	1350 J PHOTORESIST	4 -	2		
COZR-L	ASSORTED CORZOSIVE LIGUIDS				
	NITRIC ACID HOPEOFLUORIC ACID		3		/
	SULFURIC ACID		_		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	And the state of t		•	<u> </u>	1 47 2

INSTRUCTIONS

- (1) When more than one page is used for a storage facility, enter the page number and total number of pages
- (2) DATE Enter the date of the application
- (3) STORAGE FACILITY—A storage facility means an individual building, outside storage area, and/or other outside structure that is used to store hazardous materials. When there is more than one storage facility being used by a business at a single location, enter a number(s) or letter(s) that is used to identify each building or area being reported. NOTE: Use a separate form for reporting each building or storage area. A simple line drawing of the facility on 8½"x11" size paper showing the building(s) and outside storage area(s) with their assigned designation number or letter should be submitted to help identify where each storage facility is on the property in relation to other storage facilities. Form HM-3. General Facility Map, may be used for completing this requirement. If you are a tenant or corporate division and occupy only a portion of a building, you must submit a General Facility Map showing the portion of the ouilding(s) you occupy.
- (4) BUSINESS NAME Enter business name and the street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings, appurtenant structures and surrounding land used by a single business entity at a single location or site.
- DOT CLASS Enter the Department of Transportation (DOT) hazard class using the abbreviations shown below and report the hazardous materials stored using the DOT hazard class in the same sequence as shown below i.e. the first DOT class that may be reported would be BLST" (Blasting Agent) followed by "CL" (Combustible Liquid), and so on These same abbreviations are shown again in the same order on the Facility Permit Fee Worksheet. Form HM-3 NOTE After all the entries for the DOT class have been made, draw a line across the page before starting the next DOT class as listed above. Use as many additional pages of this form as necessary to complete the report for each storage facility.

DOT HAZARD CLASSES AND ABBREVIATIONS

Blasting Agent	BLST	Flammable Solid	FS	Oxidizer – Liquid	OXY-L
Combustible Liquid	CL	irritant — Liquid	IRR-L	Oxidizer - Solid	OXY-S
Corrosive Liquid	CORR-L	Irritant - Solid	IRR-S	Poison A-Gas	POIS-G
Corrosive Solid	CORR-S	Nonflammable Gas	NFG	Poison A-Liquid	POIS-L
Etiological Agent	ETI	Organic Peroxide - Liquid	PEROX-L	Poison B-Liquid	POIS-L
- Explosives A	EXPA	Organic Peroxide - Solid	PEROX-S	Poison B-Solid	POIS-S
Explosives B	EXP B	Other Regulated `		RADIOACTIVE	RAD
Explosives C	EXPC	Materials - Liquid	ORM-L	CRYOGENS	CRYO
Flammaple Gas	FG	Other Regulated			
Flammable Liquid	EI	Materials - Solid	ORM-S		

(6) CHEMICAL NAME/TRADE NAME — For **each** hazardous material (includes both non-waste and waste materials) where the quantity stored is Quantity Range No. 1" (see chart below) i.e. **less** than 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet (STP) for gases, the exact chemical name for each chemical **is not** required. Summarize these individual small quantity chemicals by the DOT class name and report as a single line with the DOT class name preceded by the word. 'Assorted' Example: 'Assorted Flammable Liquids

For each hazardous material (includes both non-waste and waste materials) where the quantity stored is "Quantity Range Nos 2 through 5 i.e. greater than 55 gallons, 500 pounds, or 200 cubic feet, provide the chemical name, proprietary name, or chemical name of major constituents for mixtures, followed by a slash and then the applicable trade name. Example trichlorotrifluoroethane/Freon 113

NOTE All radioactive, cryogenic and compressed gases must be reported even though they may not be listed as a regulated hazardous material

All transformers and capacitors with polychlorinated biphenyls contents over 7 ppm must be specifically reported using the DOT class abbreviation ORM-L and the abbreviation PCB for the chemical name

- (7-9) QUANTITY AND PHYSICAL STATE—Enter the maximum anticipated **total** quantity of hazardous material that is normally stored in the storage facility for each chemical and/or DOT class when summarizing small items, using Columns 7 8 and 9 depending upon the physical state of the material Round off the quantities to the nearest whole gallon, pound or cubic foot. When the material is stored in a tank, the quantity reported shall be the capacity limit of the tank.
- (10) TANK—Mark an X in the column if the material is stored in an above-ground or underground tank
- (11) WASTE Mark an X in the column if the material is a waste
- (12) QUANTITY RANGE—Using the Quantity Range Numbers shown below enter the Quantity Range Number for the corresponding quantity recorded in Columns 7, 8 and 9 for each chemical and/or DOT class when used to summarize small quantity items. The quantity ranges shown will be the 'permit quantity limit" for the hazardous materials that may be stored in the storage facility.

QUANTITY RANGE NUMBERS

UNITS	NO.1	NO. 2	NO. 3	NO. 4	NO 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2 000 but less than or equal to 10,000	Greater than 10 000 but less than or equal to 20 000	Greater than 20 000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than cr equal to 2,750	Greater than 2,750 but less than or equal to 5,500	Greater than 5,500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25 000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000

Official Use Only

Facility Street Number

CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

Reinson

Business Name	Date
(1) GENUS ING.	(2) APRIL 25, 1985.

Street Name

515		ELLIS	STRE	ET					
DOT CLASS (3)	Ag (Cu Ft)	gregate Quanti (Gal) (4)	ty (Lbs)	1	Quantity 2	/ Range a 3 (5)	and Fees 4	5	DOT Class Abbreviations (6)
Blasting Agent				50	75	100	150	200	BLST
Compustible Liquid				25	50	75	100	125	CL
Corrosive Liquid		54		25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Etiologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXP A
Explosives B				100	150	200	200	200	EXP B
Explosives C	-			75	100	150	200	200	EXPC
Flammable Gas	2650			25	100	125	150	200	FG
Flammable Liquid		113		25	750	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant Liquid				25	50	75	100	125	IRR-L
Irritant — Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	90001			25	50	(75)	100	125	NFG
Organic Peroxide — Liquid				150	200	200	200	200	PERCX-L ·
Organic Peroxide — Solid				150	200	200	200	200	PEROX-3
Other Reg Mats - Liquid		140		100	150	175	200	200	ORM-L
Otner Reg Mats - Solid				100	150	175	200	200	ORM-S
Oxidizer — Liquid		32		(25	50	100	150	200	OXY-L
Oxiaizer — Solid				25	50	100	150	200	OXY-S
Poison A—Gas				50	100	150	200	250	POIS-G
Poison A—Liquid	-			50	100	150	200	250	POIS-L
Poison B — Liquid				50	100	150	200	250	POIS-L
Poison B — Solid				50	100	150	200	250	POIS-S
FADICACTIVE				*	*	*	*	*	RAD
CRYOGEN	264000	l l		25	50	75	100	200	CRYO
	7) يا دې پېښتاره	') Total Fee Du	e*	s 50	+200	+ 200	+ 0	+ 200	=s 650.

*Contact Fire Prevention Bureau for additional reporting requirements and fees.

INSTRUCTIONS

- (1) BUSINESS NAME Enter business name and street address for the specific facility for which the application applies and do not use general mailing addresses. A facility means a building or buildings appurtenant structures and surrounding land used by a single business entity at a single location or site.
- (2) DATE Enter the date of the application
- (3) DOT CLASS Department of Transportation hazard class
- (4) AGGREGATE QUANTITY—For the facility with more than one storage facility i.e. more than one building(s) or outside storage area(s) used for hazardous material storage, the aggregate quantity is the total quantity from all the storage facilities per each DOT Hazard Classification. Place the aggregate quantity for each DOT Hazard Classification shown in Column (3)
- (5) QUANTITY RANGE AND FEES—Circle the corresponding fee for each of the aggregate quantity(s) reported in Column (4) by using the following quantity ranges

QUANTITY RANGE NUMBERS

UNITS	NO. 1	NO. 2	NO. 3	NO. 4	NO. 5
Cubic Feet	Less than or equal to 200	Greater than 200 but less than or equal to 2,000	Greater than 2,000 but less than or equal to 10,000	Greater than 10.000 but less than or equal to 20.000	Greater than 20,000
Gallons	Less than or equal to 55	Greater than 55 but less than or equal to 550	Greater than 550 but less than or equal to 2.750	Greater than 2,750 but less than or equal to 5,500	Greater than 5 500
Pounds	Less than or equal to 500	Greater than 500 but less than or equal to 5,000	Greater than 5,000 but less than or equal to 25,000	Greater than 25,000 but less than or equal to 50,000	Greater than 50,000

- (6) DOT CLASS ABBREVIATION Department of Transportation hazard class abbreviations
- (7) TOTAL FEE DUE First determine the subtotals by adding the figures in each of the five Quantity Range and Fee columns, then add the subtotal figures and enter the total fee due. Have your check or money order made out to the "City of Mountain View" and attach to this worksheet. Do not make payment by cash



Official Use Only

CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

HMMP QUESTIONNAIRE

(see back of sheet for instructions)

Perision

	Business	Name			_				Busine	ess Phone N	umber
(1)	GENL	is INC	<u>e.</u>						(2) (415	1) 960 -	1120
	Facility St	reet Addre	ss								
(3)	515	ELLIS	STREET	MOUNTAIN	VIEW		CA	940	<u>43 </u>		
											-
									,		
											•
				Check each box that app	olies to the	e abov	ve facility	y.			
1	SEPAR	ATION OF	MATERIALS		III. M	ONIT	ORING	PROGE	RAM (above	ground stora	ge)
	1 Liqu	ıds and solı	ids (check one only)		1.	Acco	mplishe	ed by:			
	28	all materia	als are compatible			3	visual ir	nspectio	on		
		some mate	erials are non compa	itible			mechar	nical ins	pection		
	2 Liqu	ids/solids s	separation maintaine	d by:			visual a	nd mec	hanical		
		non comb	ustible partitions/wa	ills	2.	Freq	uency:				
		fixed dista	ince (surface tension) _			continu	ous			
	双	safety cab	oinets			8	daily				
		raised ber	m/dike				weekly				
		secondary	y containment tank				monthly	y			
	3. Gase	es and cryo	gens:				semi-ar	nnually			
	A	cylinders a	are separated by DO	T hazard class	IV. M	ONIT	ORING	PROGF	RAM (ynderg	round storaç	e tanks)
			are separated by a ha	azard class system	1.	Acco	mplishe	ed by:	N/A		
	_	other than					ground	water n	nonitoring we	ell(s)	
	لـا	other gase	(DOT class) gases are es	separated from all			vapor (v	vadose)	monitoring v	weil(s)	
		cylinders a	are not separated				second	ary con	tainment wit	h a monitorir	n g s ystem
	4. Gas.	cryogen se	eparation maintained	iby:			other le	ak dete	ction metho	d(s)	
	翼	non comb	ustible partitions/wa	ılls			none		1		
		fixed dista	ance (minimum 20 fe	et)	2.	Freq	uency:	N	A		
		gas cabine	ets				continu	ous			
H	EMERG	SENCY EQ	UIPMENT (presently	y installed)			daily				
	X	emergenc system	cy power supply for m	nechanical ventilation		0		•			
		emergenc devices	cy power supply for m	nechanical monitoring			semi-ar	-	′ ایر ۰	• •	5 1 W

Instructions

This form is to be completed on a facility" basis. A facility means a building or buildings, appurtenant structures, and surrounding land area used by a single business entity at a single location or site.

The form questions in Section I thru III cover only items relating to the above ground storage of hazardous materials. Questions relating to underground storage tanks are reported in Section IV and the permit application form provided by the State of California. The term "underground storage tank" includes any container(s) which is used for the **storage** of hazardous substances and which is **substantially** or totally beneath the surface of the ground. Storage is defined as the containment handling, or treatment of hazardous substances (both waste and non waste), either on a temporary or long term basis. "Substantially" means that at least 50% of the surface area of the tank that can be in contact with the stored hazardous substance is below the ground surface.

Please check the box for each statement which applies to the facility

12/84



CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

HMMP QUESTIONNAIRE (see back of sheet for instructions)

Pevision

Offic	cial Use O	nly										
	Business	Name								Business	Phone !	Number
(1)	GENI	US (V)	1.C						(2)	(45)	760-	//Zo
_	Facility St	reet Addres	SS						_			
(3)	515	ELUIS	STEET	MOUNTIN	VIEW	Ó	PA	94043				
					•	-						
										,		
				O le - 1								•
				Check each box th	nat applies to	o the	above	e facility.				
1	SEPAR	ATION OF I	MATERIALS		111.	. М	ОТІИС	RING PROGE	RAM (above gro	und stor	rage)
	1 Liqu	ids and solid	ds (check one only)			1.	Accor	nplished by:				
	ø	all material	ls are compatible				3 v	risual inspectio	on			
		some mate	erials are non comp	atıble			□ r	mechanical ins	pecti	on		
	2. Liqu	ııds/solıds s	eparation maintaine	ed by:				visual and med	hanic	al		
		non combi	ustible partitions/w	ails		2.	Frequ	ency:	•			
		fixed distai	nce (surface tensioi	n)			-	continuous				
	Ą	safety cabi	inets				⊠ (daily	•			
		raised berr	m/dike				□ v	veekly				
		secondary	containment tank				_ r	monthly				
	3. Gas	es and cryo	gens:					semi-annually				
	₽	cylinders a	ire separated by DC	T hazard class	IV.	M	ОТІИС	RING PROGE	AM (undergrou	and store	age tanks)
		cylinders a other than	ire separated by a h	azard class system		1.	Accor	nplished by:		N/A		
	П			e separated from all				ground water n	nonito	ring well(s)	
	u	other gase		e separated from all			□ \	vapor (vadose)	mon	toring we	l(s)	
		cylinders a	re not separated					secondary con	taınm	ent with a	monitor	n ng s yster
	4. Gas	/cryogen se	paration maintaine	d by:				other leak dete	ection	method(s)	
	7 5	non combu	ustible partitions/wa	alls				none				
		fixed distar	nce (minimum 20 fe	eet)		2.	Frequ	ency:				
	- 🗖	gas cabine	ets					continuous				
H.	EMERO	SENCY EQU	JIPMENT (present	y installed)				daily			_	
	Z S		y power supply for r	nechanical ventilatio	n			weekly	-		•	<u>1</u>
4.27	- 	system		y de la i Lucia de la	***		-	nonthly				arii si`i
4 4	Carrest of the Contract of the	emergency devices 🔄	y power supply for r	nechanical monitorir : 守持衛衛衛星 4	ig .		~ 🗆 s	semi-annually			A 18	Series and

CITY OF MOUNTAIN VIEW

HAZARDOUS MATERIAL MANAGEMENT PLAN

(see back of sheet for instructions)

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

	, ,
77 01.	ision
K PI	$\mathcal{N}_{\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}I$
1-00	

Official Use Offix	
Business Name	Business Phone Number
(1) GENUE INC	(2) (4/5) 960-1120
Facility Street Address	
(3) 515 EWIS STEET	MOUNTING HEN CA GLOUS
Mailing Address	City State Zip Code
(4) 515 ELLIS STEET	YOUNTAIN VIEW CA GLOUS
(5) Persons Responsible For Name	Phone Number
APPLICATION CLARE GUHS	(415) 960-1120
BUSINESS ELDER / W, LEHA	IER_ (415) 960-1120
PROPERTY BANK OF HOREICH	(') —
(6) Persons Responsible For Responding In An Emergency After Norm Name Title	nai Work Hours Home Phone Number Work Phone Number
MARVIN EXMITSION MAINTANENCE	403 736 -1114 (415) 960-1123
HOE SOLINGEI MAINTIMENEE- LEIS	(45) 782-7036 (4,5) 362-1125
	()
	()
(7) Business Activity (check applicable box)	
☑ R & D ☐ Manufacturing	☐ Repair/Maintenance
☐ Processing	☐ Retail
☐ Medical ☐ Testing	☐ Other
'8' I declare under penalty of perjury, the foregoing information is true	and correct.

Signature

Print Name

CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

GENERAL FACILITY MAP (see back of sheet for example)

Revision

Onicia	1036	Om	y	
ID	1 1			1

Business Name		Date
GEYUS INC.		APZ 10 1975
Facility Street Number	Street Name	
515 ELLIS 5-285		
ovide a simple line drawing below	following the example shown on the back of this fe	orm
		_
	•	
	•	· · · · · · · · · · · · · · · · · · ·
		Hwy
	-	N
EL	us st	10/
manufacture and a second of the control of the cont		
•		
	APPLICATIONS APPLICATIONS /ELLOW LA CHASE AZ	فيا
	APPLICATIONS APPLICATIONS	`G
080	In our like	+3 'E"
•	/elulus	N = 11
	- CHASE AZ	ZA D
	12	
	CHARLE TO RIVER	AREA "C"
1	STORAGE	
To FRANG	- XXXXXXX	
	A A A A A A A A A A A A A A A A A A A	
£ ‡		
THE X X		-
	OUTSIDE	
المن المحل المنافقة	Storage "A"	
OF STORAGE	*	

CITY OF MOUNTAIN VIEW STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

FIRE	PREVENTIC	N BUREAU
1000	Villa Street	

70		Page	of	Pages
Revision	(1)	/		3
		Date		
	(2)	4-	:6 -	8≤
		Storag	e Fac	cility
	ſ			

COURT :	1000 Villa Street Mountain View, CA 94041 (415) 966-6378	Recr	Sion	(1) /		3
Official Use	Only			Date (2) 4.	- 16-85	
				<u> </u>	ge Facility	
Rusine	ss Name			(3)	#"_	
	ins line					
	Street Number Street Name					ağı
5,5	ELLIS STEET					у Ваг
DOT CLASS (5)	Chemical Name/Trade Name (6)	Quant Gas (Cu Ft) (7)	ity & Physica Liquid (Gal) (8)	State Solid (Lbs) (9)	11) (01) Waste	
	STOCHGE AREA "A"					
5_	ASSORTED FLAMMILBLE LIQUIDS		50			
	1-TCIL-LORD STIMME I-1207HUOL ALE NE					
	TRISOSUTIL HUMINUM TESTANE METHANCL	-				
	METHYLENE CHORISE PENTANE BENZENE					
	5-3 I CHANGHET PLLICS IN BENJEWE SOLVENT					
FL	WASTE SCLUENTS		55		*	1
30.22-L	HESCETTO COSSIGNE LIQUIDS					
	FULFURIC HCID NITRIC ACID ACETIC HCID PHOSPHORIC ACID HYDEOFLOURIC HCID HYDEOCHLORIC ACID		45			<i>*</i>
OXY-L	ASSORTED CLIDIE NG LIQUIDS		7			. /
	HYDROGEN PEROXIDE VITEIC ACID		30			
SEM-L	ALGORIED CTIER REGULITED MITERIALS		30			/
	CARSON ETRICHEURIDE AMMONIUM GOORIDE AMMONIUM HYDROXIDE Andrewordide					
FG	HYDECGEN .	1060				2
FG	SILANE	1590				2
1=G	UITROGEN TRIFLOUR. DE	150				'
VFG	CARBON TETRAFLOURIDE	1200				į į

2000

1150

NFG

NFG

ARGON

CITY OF MOUNTAIN VIEW STORAGE FACILITY PERMIT QUANTITY LIMIT

(see back of sheet for instructions)

FIRE	PREVENTION	BUREA
1000	Villa Street	

(415) 966-6378

Revission.

	Page	•
(1)	2	

2

CORNET	(415) 300-037 G	, 00 0		<u> </u>	تا ل	
Official Use	Only			Date	// 0-	
1D 1 1				L	6-85	
					e Facilit	
Busines	ss Name			(3) 4 74	rev S	-
(4) G:5	1705 177]					
Facility	Street Number Street Name					de
	rit Ellis Steet					Duantity Range
		Quanti	ty & Physica	l State	<u>a</u>	: E
DOT CLASS (5)	Chemical Name/Trade Name (6)	Gas (Cu Ft) (7)	Liquid (Gai) (8)	Solid (Lbs) (9)	(01) (11) (12) (13) (14) (15) (16)	_
	FORHGE ARTS A"					
11=4	V-204EN	2000				=
i	ok, sen	1320				=
Ī	VITEOUS ON DE	600				
′			-			
155	FORMON, A					
CCZI-14	TUNGS EN HEXAFLOUR DE	186				
-	STORAGE AREX "3"					
C240	LIQUID NITEOGEN	264000				c
	GORAGE AREAS "C" " ="	230000				
=L	ASSOCIED FLAMPISOLE LIGUIDS		3			
	2- FEDPANOL 1,1,1 - TRICHLORDETHANE ALETONE					
1502-1	ASSORTED CORPOSIVE LIQUIDS '4F AUD. 11726 ACID.		3			
	HYDROGEN PEROXIDE SULFIRE (1610)		2			1
,	GORAGE AREA 'D" + G"					
(022-G	TUNGSTEN HEXAFLOURIDE	4/00				1/
- ' '	NITZOGEN TRIFLOURIDE	<200				1
NFG		300				2
NFG	NITLOGEN	1200				1
NFG	CARDON TETRAFLOUZIDE (D"ONLY)	Z/00	<u>.</u>	400	,	22
	STORAGE AREA E"		. · · · · · · · · · · · · · · · · · · ·	4.55		-

TO THE PARTY OF TH

Official Use Only

CITY OF MOUNTAIN VIEW

FIRE PREVENTION BUREAU

1000 Villa Street Mountain View, CA 94041

(415) 966-6378

FACILITY PERMIT FEE WORKSHEET

(see back of sheet for instructions)

Revision

ID	
Business Name	Date
(1) GENUS 12	(2) 1-16-55

Facility Street Number

Street Name

ELL IS STREET

DOT CLASS (3)	Agg (Cu Ft)	regate Quar (Gal) (4)	(Lbs)	. 1	Quantity 2	y Range a 3 (5)	ind Fees 4	5	DOT Class Abbreviations (6)
Blasting Agent	•			50	75	100	150	200	BLST
Combustible Liquid				25	50	75	100	125	CL ,
Corrosive Liquid		54		25	100	125	150	200	CORR-L
Corrosive Solid				25	100	125	150	200	CORR-S
Etiologic Agent				*	*	*	*	*	ETI
Explosives A				150	200	200	200	200	EXP A
Explosives B				100	150	200	200	200	EXP B
Explosives C				75	100	150	200	200	EXPC
Flammable Gas	2650			25	100	125	- 150	200	FG
Fiammable Liquid		113		25	(5)	75	100	125	FL
Flammable Solid				25	50	100	150	200	FS
Irritant - Liquid				25	50	⁻ 75	100	125	IRR-L
Irritant — Solid				25	50	75	100	125	IRR-S
Nonflammable Gas	9000			25	50	75	100	125	NFG
Organic Peroxide — Liquid				150	200	200	200	200	PERCX-L.
Organic Peroxide — Solid				150	200	200	200	200	PEROX-S
Other Reg Mats - Liquid		30		100	150	175	200	200	ORM-L
Other Reg. Mats - Solid				100	150	175	200	200	ORM-S
Oxiaizer — Liquid		32		25	50	100	150	200	OXY-L
Oxiaizer — Solid				25	50	100	150	200	OXY-S
Poison A—Gas		-		50	100	150	200	250	POIS-G
Poison A—Liquid				50	100	150	200	250	POIS-L
Poison B – Liquid				50	100	150	200	250	POIS-L
Poison B — Solid				50	100	150	200	250	POIS-S
RADIOACTIVE				*	*	*	*	*	RAD
CRYOGEN	264000			25	50	75	100	200	CRYO

🏬 😘 (7) Total Fee Due:

\$ 150 + 50 + 200 + + 200 = \$ 600

^{*}Contact Fire Prevention Bureau for additional reporting requirements and fees.



Fire Prevention (415) 966-6343

1000 Villa Street
P. O. Box 7540
Mountain View, CA 94039

February 24, 1988

Mr. Ralph Itanin Jenus, Inc. 515 Ellis Street Mountain View, CA 94043

515 ELLIS STREET, JENUS, INC. -- FIRE SAFETY INSPECTION

Dear Mr. Itanin:

An inspection relative to fire and life safety was made of subject occupancy by this Bureau. The following items shall receive satisfactory compliance in order to achieve a reasonable degree of fire and life safety:

YELLOW ROOM (H-6)

- 1. The addition of a nonpermitted prefab enclosure has created exiting problems and sprinkler obstructions in this room and shall therefore be removed [UFC 12.103(a)].
- 2. The hazardous gases shall be housed in "approved" gas cabinets. The present cabinets do not meet code [UFC 51.107(c)].
- 3. All gas and product-conveying piping shall be generically labeled as to the products they convey at 20' intervals or wherever necessary for easy identification (UFC 51.106 2, UBC 911 31.
- 4. Electrical extension cords and multi-plug adaptors shall not be used in lieu of permanent wiring [UFC 85.106].
- 5. The venting material for the CDV shall be approved for conveying pyrophoric and flammable gases in accordance with Uniform Mechanical Code 1107b. The present flex aluminum duct does not meet this criteria.
- 6. Remove the dead bolt from the rear exterior door [UFC 12.102 and UBC 3304c].
- 7. The fire doors leading into the corridor shall be provided with self-closures [UFC 12.104e and UBC 3320].

Mr. Ralph Itanin February 24, 1988 Page 2

8. Access to the rear exterior exit door shall be clear and unobstructed at all times. I suggest placing permanent, highly visible access route markings on the floor (i.e., hetching) a minimum of 3' in width [UFC 12.103a].

EQUIPMENT (BETWEEN YELLOW ROOM AND RD)

- 9. Permanently label all sprinkler valves [NFPA 13].
- 10. Maintain the sprinkler valve in the open position with a chain and breakaway lock [NFPA 13].

SERVICE CORRIDOR

- 11. Provide a label for the fire hose cabinet [NFPA 13].
- 12. Remove the waste receptacles, ashtrays and locker storage from the service corridor. This is a protected area and shall not be used for other purposes which may increase the risk of fire.

PROCESS LAB

- 13. Provide "approved" gas cabinets for the hazardous gases (see Item 2).
- 14. Conspicuously label all gas and product-conveying piping (see Item 3).
- 15. Provide sprinkler protection underneath the "customer" test machine [NFPA 13].
- 16. Provide sprinkler protection in the hoods of all the acid benches. Sprinkler heads shall be protected against corrosion [UFC 51.106d].
- 17. The heated acid baths shall be provided with low liquid levels and high temperature safety controls. The wiring presently leading to the temperature controls shall be installed in rigid conduit [UFC 85.104].
- 18. The depressed area housing the hotplate (the acid hood) shall be lined with noncombustible material to prevent pyrolyzation of the plastic bench.
- 19. The plastic exhaust duct conveying flammables shall be replaced with a noncombustible (metal) duct in accordance with the Uniform Mechanical Code.

APPLICATIONS

- 20. The exit door leading from Applications shall be provided with free-opening door hardware (i.e., single motion unlatching) [UBC 3304c].
- 21. Conspicuously label all gas and product-conveying piping (including vacuum). (See Item 3.)
- 22. Conspicuously label all acid baths with generic names [UFC 51.106 2].
- 23. The second exit from this room is obstructed by a plastic curtain enclosure. This curtain shall be relocated so that the exit is clearly visible and accessible. Additionally, provide sprinkler protection inside the enclosure [UFC 12.103a and NFPA 13].
- 24. Remove the storage located in the exit corridor leaving from the second exit [UFC 12.104].
- 25. The aforementioned exit door shall be provided with an approved self-closing device [UBC 3320].
- 26. Conspicuously label the piping leading to the furnace (see Item 3).
- 27. Provide a plan that details the chemical exhaust systems. Include type of duct material, size of duct and indicate the product being conveyed through the systems (i.e. acid, solvent, etc.). It appears that a portion of the flammable exhaust system is Fiberglas which is not acceptable [UMC Chapter 11].

OUTSIDE STORAGE AND PROCESSING

- 28. Conspicuously label all product-conveying piping (see Item 3).
- 29. Provide excess flow control devices for the NF3 [UFC 51.105e].
- 30. All hazardous gases shall be stored in approved storage cabinets conforming to UFC 51.107a, b, cl, 2, 3, 4. This includes, but is not limited to, gas detection with automatic shutdown capabilities.
- 31. The acid and flammable cabinets appear to be in a state of corrosion. They shall be inspected for leaks and all material that is not in use anymore shall be removed [MVMC Chapter 24, Section 24.9c].

Mr. Ralph Itanin February 24, 1988 Page 4

- 32. All compressed gas cylinders not in use shall have their valve caps in place [CAC Title 8 4650f].
- 33. The acid neutralization system was installed without benefit of permit. Submit a complete set of construction plans to the Building Inspection Division for approval [MVMC Chapter 24, Section 24.33].

A reinspection will be made in approximately one month to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Morea Keegm

Mona Keegan Deputy Fire Marshal

MK/FIR 112-2-24F

cc: BO



FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET MOUNTAIN VIEW, CA 94041

November 4, 1987

Mr. Ralph Itanin GENUS INC. 515 Ellis Street Mountain View, CA 94043

Dear Mr. Itanin:

On November 4, 1987, a re-inspection was conducted at your facility to determine compliance with the Hazardous Materials Storage Ordinance (Chapter 24, MVMC) and the Health and Safety Code.

All items listed in our previous correspondence of August 31, 1987 appear to have been completed except the following:

- Spill containment kit/control equipment will be in place, located near enough for easy access.
- Storage area needs some sort of secondary containment, i.e. a berm, to prevent any release inside storage from spreading to the outside.
- 3) Label all processing tanks with chemical name and hazard class.

Please notify this office in writing when these items have been completed. If you have any questions, feel free to call me at (415) 966-6378.

Sincerely

Chris Steck

Hazardous Materials Specialist



GENUS

November 17, 1983

City of Mountain View 231 N. Whisman Road Mountain View, CA 94043

Dear Sirs,

Genus designs and manufactures capital equipment used to process semiconductor wafers.

Genus requires an Applications Lab which is used to demonstrate its products in an environment that duplicates the customer's usage area.

This Applications Lab will have from one to three pieces of Genus equipment installed and operational at all times. The Lab is operated on the dayshift and will utilize one to two technicians to perform customer evaluation tests. The probability of having more than four persons in the Lab at one time is low.

The attached list of chemicals and gases represents the materials used within the Lab. These materials are stored, transported and used within the latest safety regulations.

The volume of chemicals used in our laboratories is very low, i.e. ranging from a low of I gal/month to a possible high of IO gals/month.

All exhaust gases from this Laboratory are funnelled through a commercial scrubber mounted on the roof. All equipment is monitored for maintenance requirements, and employees are instructed in the safety aspects of the equipment and materials being used within the Lab.

Sincerely.

William L. Lehner

Vice-President/Engineering

WLL/mr

Attachment: List of chemicals and gases -Material Safety Data Sheets

515 Ellis Street Mountain (lew

GENUS, INC.

LIST OF CHEMICALS AND GASES USED IN APPLICATIONS LAB

CHEMICALS

Nitric Acid	10	Gals.	month
Hydrogen Peroxide	12	Gals.	month
Phosphoric Acid	2	Gals.	month
Sulfuric Acid	12	Gals.	month
Hydrochloric Acid	2	Gals.	month
Hydrofluoric Acid	6	Gals.	month
Acetone	5	Gals.	month
Isopropl Alcohol	6	Gals.	month
1.1.1. Trichloroethane	12	Gals.	month
Ammonium Fluoride	10	Gals.	month
Methanol Absolute	2	Gals.	month
Ammonium Hydroxide	1	Gal.	month
BOE 930 Etchant		Gal.	

GASES

SiH₄ Silane

NF₃ Nitrogen Triflouride

H₂ Hydrogen

N₂ Nitrogen

He Helium

Ar Argon

WF₆ Tungsten Hexaflouride

T,Cl₄ Titanium Tetrachloride



Fire Prevention (415) 966-6343

1000 Villa Street
P. O. Box 10
Mountain View, CA 94042

RECEIVED

February 7, 1984

FEB 10 1984

GENUS INC.

Mr. Bill Lehner
Jenus II and III
515 Ellis Street
Mountain View, CA 94043

515 ELLIS STREET, GENUS II AND III INTERIOR ALTERATIONS

Dear Mr. Lehner:

As a result of our inspection on January 30, 1984 the following items shall be complied with:

- 1. The flammable and corrosive chemical exhaust systems shall not share a common hood and duct. The systems shall be separate and independent of each other per the Uniform Mechanical Code. Additionally, ducting material used for flammable vapor exhaust shall bear a flame-spread rating of 0 when tested in accordance with Uniform Building Code Standard 42-1. Metal or ferrous ducting is the only material available that meets this requirement. Flammable exhaust ducting shall also be protected by an approved automatic fire extinguishing system. I have enclosed those code sections for your information.
- 2. The chemical exhaust hoods shall be appropriately labeled as to the nature of the chemicals used at it (i.e., ACIDS ONLY, FLAMMABLES ONLY).
- 3. The 1982 improvements to the R and D lab will need to be finalized by the Fire and Building Departments. Our records do not reflect this final approval.
- 4. It was noted that your chemical usage has exceeded the amounts initially proposed by your facility in April 1982. At that time your proposal was only for silane, hydrochloric acid, and hydrogen gas. Based on that information, the Fire Marshal and Building Official agreed to classify your occupancy as a B-2 with some additional Fire Code requirements for the hazardous materials. It may be necessary now to reclassify the building. In order to do this, you must submit within 30 days a standard form Hazardous Materials Management Plan and Hazardous Materials Inventory Statement pursuant to the Hazardous Materials Storage Ordinance (a copy may be obtained from the City Clerk's Office,

Mr. Bill Lehner February 7, 1984 Page 2

> 540 Castro Street). A determination on the proper occupancy classification will be made at that time.

If you have any questions please call us at 966-6343.

Sincerely,

Mora J. Kegun

Mona J. Keegan Deputy Fire Marshal

MJK/LFJ 112-2-7L

Enclosures

BIS CC:



April 10, 1984

Mona Keegan Deputy Fire Marshall 100 Villa Street Mt. View, Ca 94041

Dear Ms. Keegan,

The following is an inventory of hazardous materials, both gas and liquid, that resides at the Genus 515 Ellis Street facility;

Oxygen	2 .	UN1072 .	•	Non-flammable Gas
Nitrogen	4	UN1066 .	, ,	Non-flammable Gas
· Helium	6	UN1046		Non-flammable Gas
Argon Programme Transport	2	UN 1066		Non-flammable Gas
Silane	2	UN2203		Flammable Gas.
"Hydorgen	4	UN1049 .		- Flammable Gas
5%-Silane/Helium		• -		Flammable Gas

The above are all contained in steel cylinders having a dot specification number 3AA2400.

The following gases are in steel cylinders having a dot specification number 3AA1015 or 3E1800.

		· · · · · · · · · · · · · · · · · · ·
-Tetraflouromethane 2	UN1982	Non-flammable
Silicon Tetraflouride 2	UN 1859	Non-flammable
Anhydrous Ammonia	_ บทาดดร -	The Non-flammable:
Nitrogen Triflouride	UN245T-	Non-flammable
Tungsten HexafTouride	UN2196	Corrosive
Titanium Tetrachloride	UN1838	Corrisive
Triisobutylaluminum	UN2845	Spontaneously Combustible.
Triethyl Aluminum	UN 1 102	Spontaneously Combustible

The following are the liquid chemicals contained in 1 gallon bottles.

Sulfric Acid 8 Gal.		4 G	al.
Nitric Acid Market and 8 Gal.			
Hydrogen Peroxide 4 Gal. 4 Gal.	Trichlorethane	8. G	al.
		4 G	a T₌
Hydrochloric Acid 👳 🖫 🤾 🗚 Gal. 🦠	Methanol Absolute	4 G	al.
Hydroflouric Acid 4 Gal.	Acetone	4 G	al.

Cont'd.

515 Ellis Street Mountain View California 94043 (415)960-1120

Page 2 J. Bogan

In addition we have stored in a cabinet on the pad small lab quantities of the following materials;

Aluminum Chloride AnHy.-bottle 250 grams - 1 Potassium Ferricyanide bottle 500 grams - 1 Titanium Tetra chloride 99% bottle 2.19 Kg - 4 TiCl4 stainless steel cylinder 300 cc - 1_ Molybdenum Hexafluoride steel cylinder 642 grams - 1

If any additional information would help you please call me.

Sincerely,

Jack Bogan

Fácilities & Safety Manager

JB/gp

. ***

cc: B. Lehner

R. Dennison



Fire Department Telephone (415) 966-6365 1000 Villa Street Mountain View, CA 94041

March 23, 1984

Mr. J.F. Bogan 515 Ellis Street Mountain View, CA 94043

SUBJECT: GENUS - 515 ELLIS STREET MOUNTAIN VIEW

Dear Mr. Bogan:

On March 23, 1984 the Fire Department issued final inpsection approval for the <u>current</u> interior alteration work with the understanding that the following conditions will be complied with:

- 1. By March 27, 1984 11:00 a.m. remove all hazardous materials in excess of those types and amounts that were initially proposed in 1982. The maximum amounts were limited to table 9-A (UBC) with the only exceptions being Silane and hydrogen chlorine gas.
- 2. By April 10, 1984 submit a Hazardous Materials Inventory Statement. The purpose of this statement is to:
 - a. Determine proper occupancy classification.
 - b. Comply with the Hazardous Materials Storage Permit Ordinance.
- 3. By April 10, 1984 comply with our letter dated February 7, 1984 and our R&D plancheck letter dated April 28, 1982 by Hugh Holden.

A reinspection will be conducted in March 27, 1984 at 11:00 a.m. to determine compliance with item #1 above.

If you have any questions, please call us at 966-6343.

Sincerely,

Mona Keegan

Deputy Fire Marshal

Mona Celgan

MK/sf



(415) 966-6343

P. O. Box 10
Mountain View, CA 94042

April 24, 1984

Mr. Jack Bogan Genus 515 Ellis Street Mountain View, CA 94043

HAZARDOUS MATERIALS USAGE-515 ELLIS STREET, MOUNTAIN VIEW

Dear Mr. Bogan:

R&D LAB

As a result of our inspection and after reviewing the Hazardous Materials Inventory Statement, it appears that your chemical inventory has exceeded the initial proposal for the R&D Lab in 1982. It also appears that the exiting and the one-hour occupancy separation for this area is nonconforming.

The chemical exhaust systems also do not appear to conform to code, as you indicated that there is no separation between the flammables and corrosives. Additionally, flammable exhaust ducts shall only be constructed of metal.

APPLICATIONS LAB

It was noted that silane and hydrogen gas are being plumbed into this area and terminated at several use points. Additionally, the gas lines are running above the T-bar ceiling without benefit of a chase. This chemical usage information was not submitted at plan check and consequently, the lab was checked as a B-2 (no occupancy, separation, etc.). The exiting may also be deficient.

The chemical exhaust systems were found to be nonconforming and shall be corrected as per my letter dated February 7, 1984.

PHOTORESIST ROOM

The room in which the photoresist is used also has hazardous gases plumbed into it and would also qualify as an "H Area."

Mr. Jack Bogan April 24, 1984 Page 2

I will be scheduling a fire/safety inspection for May and will be accompanied by the Building Inspection Division. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mun J. Kegn

Mona J. Keegan Deputy Fire Marshal

MJK/LFJ 112-4-23L

cc: BIS



Fire Prevention (415) 966-6343

1000 Villa Street
P. O. Box 10
Mountain View, CA 94042

July 3, 1984

Mr. Jack Bogan 515 Ellis Street Mountain View, CA 94043

FIRE SAFETY INSPECTION--515 ELLIS STREET, MOUNTAIN VIEW, CALIFORNIA; JENUS

Dear Mr. Bogan:

An inspection relative to fire and life safety was made of subject occupancy by this Bureau. The following item(s) shall receive satisfactory compliance in order to achieve a reasonable degree of fire and life safety:

Your facility has expanded the types and amounts of hazardous materials above and beyond your initial submittal in 1982. As a result, your occupancy is no longer classified as a B-2 in the areas of hazardous material usage and storage.

This leaves two alternatives:

- A. Remove all those hazardous materials that are in excess of the 1982 proposal.
- B. Bring your building into compliance with the requirements for a H-1 occupancy (see paragraph preceding Item 40).

The following conditions shall be complied with regardless of Alternatives A or B.

R&D LAB

- 1. All gas piping, whether highly toxic or not, shall be labeled generically at 20' intervals.
- 2. All highly toxic compressed gas cylinders, whether in use or storage, shall be contained in approved gas cabinets that are internally sprinklered, monitored for the type of gas present (gas detection), and be interlocked to shut off the flow of gas upon activation of an alarm.

- 3. Provide excess flow valves for all highly toxic pressurized gas piping systems.
- 4. Provide a secondary power supply for all highly toxic ventilation systems and work stations (chemical exhaust systems and fabricated equipment using hazardous materials within the piece of equipment; example: reactors).
- 5. The remote gas piping shutoff valve shall be readily identified.
- 6. The acid exhaust hood system shall be conspicuously labeled with generic names.
 - a. Provide low-liquid, high-temperature safety controls for the heated sinks.
 - b. Provide sprinkler protection in the exhaust duct spaced 10' on center, at the top of all verticals and at the duct intake unless the duct material is listed otherwise.
 - c. Remove all hazardous materials that are stored under the bench and store in approved acid cabinets.
- 7. The solvent exhaust hood system shall be conspicuously labeled with generic names.
 - a. The exhaust duct shall be metal and shall be sprinklered as specified in Item 6b.
 - b. Remove all hazardous materials stored under the bench and store in approved flammable liquid cabinets.
- 8. Provide permanent protection around or encompassing the gas lines at floor level.
- 9. The multi-outlet electrical boxes shall be provided with safety fuses.
- 10. Hazardous materials gas piping shall be welded throughout except for fittings immediately adjacent to equipment.
- 11. Store the diisobutylaluminum in the explosion-proof refrigerator when not in immediate use.
- 12. Provide a second legal exit for the R&D lab.

Mr. Jack Bogan July 3, 1984 Page 3

13. Provide a NFPA 704M placard on the wall adjacent to the door to this room. The placard shall not be obstructed when the doors are open.

CHASE NO. 1

- 14. Label the gas piping every 20' with generic names.
- 15. Highly toxic compressed gas cylinders shall be stored as prescribed in Item 2.
- 16. Replace the missing ceiling tiles.

YELLOW ROOM

- 17. Provide protection around or encompassing the gas piping on the floor.
- 18. Provide a second legal exit for this room.
- 19. Provide a noncombustible "catch bucket" for the photoresist spinner.
 - a. The exhaust material shall be metal throughout (presently plastic flex).
- 20. Conspicuously label the acid exhaust hood.
- 21. Store all hazardous materials not in immediate use in approved cabinets.

APPLICATIONS LAB

- 22. Provide a second legal exit for this room.
- 23. Separate the solvent and acid exhaust ducting into two systems as per the Uniform Mechanical Code.
 - a. Internally sprinkler the solvent exhaust duct as prescribed in Item No. 7.
 - b. Internally sprinkler the acid exhaust as prescribed in Item 6 unless otherwise listed.

CHASE NO. 2

- 24. Label gas piping every 20' with generic names.
- 25. Highly toxic compressed gas cylinders shall be stored as prescribed in Item 2.

OUTSIDE CHEMICAL STORAGE AREA

- 26. Adequately secure <u>all</u> compressed gas cylinders, whether empty or full. Replace valve protection caps when not in use.
- 27. Separate the compressed gas storage by DOT hazard class (i.e., flammable, non-flammable, poisonous, corrosive). Oxidizers may be stored with corrosives. Provide a 20' physical separation between classes or a noncombustible partition extending 18" above/front/rear. Poisons shall be stored in approved gas cabinets as prescribed in Item No. 2.
- 28. Conspicuously label the different storage areas with DOT placards.
- 29. The acid cabinet shall be relabeled to address the hazard class of the material stored in it (i.e. chromium trioxide, MOF6, N2 trioxide). This cabinet is not intended for storage of strong oxidizers, flammables and perchloric acid.
- 30. Remove the oxygen cylinders from the acid cabinets.
- 31. Remove the toxic and corrosive waste receptacles from the solvent containment area.
- 32. Label the DI water tank.
- 33. Label all hazardous material drain and supply lines leading to the neutralization system.
- 34. Provide secondary containment pursuant to the Hazardous Materials Storage Permit Ordinance for the sodium hydroxide drums.
- 35. Provide documentation that the holes that were cut through the 6" concrete tilt-up wall will not impair the structural load-bearing capacity.

ROOF

- 36. Conspicuously label the exhaust ventilation controls.
- 37. Label all gas lines leading to the scrubber.
- 38. Label on/off switches for the scrubber.

Mr. Jack Bogan July 3, 1984 Page 5

39. When your facility makes changes to the scrubber, I recommend that consideration be given to the AC intake vent in this vicinity. It may be advantageous to separate these two pieces of equipment in the event of a hazardous materials leak. Please notify this department to obtain a permit prior to any changes.

The following conditions shall be complied with if you choose Alternative B. Note: The following conditions are the guidelines that we have accepted in lieu of H-1 requirements.

- 40. The sprinkler system shall be upgraded as required to provide a sprinkler demand of Ordinary Group III over a 3,000 square foot design area.
- 41. The area surrounding the R&D lab, applications lab and yellow room shall be separated from the remainder of the building (B-2 areas) by a complete one-hour occupancy separation. This separation includes doors, windows and any duct penetrations through the envelope. (The existing doors do not meet one-hour requirements.)
- 42. These rooms shall be capable of providing one cubic foot per square foot exhaust ventilation. A manual control switch shall be provided for the system and shall be located in a conspicuous location outside of these areas.
- 43. Any additions or deletions of the type or amount of hazardous materials shall be in accordance with the Hazardous Materials Storage Permit Ordinance.

A reinspection will be made in approximately one month to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mona J. Keegan

Deputy Fire Marshal

MJK/get, 248 112-7-3L

cc: BIS



-Fire Prevention (415) 966-6343 1000 Villa Street P.O. Box 7540 Mountain View, CA 94039

August 27, 1984

Mr. Jack Bogan 515 Ellis Street Mountain View, CA 94043

FIRE SAFETY REINSPECTION--515 ELLIS STREET, MOUNTAIN VIEW, CALIFORNIA--GENUS

Dear Mr. Bogan:

A reinspection disclosed that the following items remain to be complied with:

R & D LAB

- 1. To resolve the issue of connecting the gas cabinets and equipment to the scrubber system, I offer the following response. The Code presently requires that mechanical ventilation be provided to adequately remove leaking gas and shall discharge to a point where the gas may not endanger any person, domestic animal or wildlife (i.e., provisions for adequate vent height and/or gas treatment scrubbers may be necessary). This would apply to both normal and accidental discharge of the gases.
- 2. Provide a secondary power supply for all high toxic ventila tion systems and work stations (chemical exhaust systems and fabricated equipment using hazardous materials within the piece of equipment, example, reactors).
- 3. I have discussed your concerns about sprinklers in the duct with our Hazardous Materials Specialist and other jurisdictions. The consensus was that the benefit derived from duct sprinklers outweights the potential for an accidental sprinkler discharge (statistics show a l in 16 million chance). Moreover, it is our opinion that should a fire occur in the hood or duct, a person in the immediate area will evacuate before the head discharges. The other alternative would be to replace your existing ducts with "approved" duct material that is listed for installation without sprinklers.

As an additional safety precaution for your employees, you may want to include in your emergency management plan

Mr. Jack Bogan August 27, 1984 Page 2

> procedures to be followed in the event of a duct sprinkler discharge.

Should your facility use water-reactive chemicals, then the requirement may be rescinded at the discretion of the Fire Marshal.

All highly toxic compressed gas cylinders, whether in use or storage, shall be contained in approved gas cabinets that are internally sprinklered, monitored for the type of gas present (gas detection) and be interlocked to shut off the flow of gas upon activation of an alarm.

The remote gas piping shut-off valves shall be readily identified.

The acid exhaust hood and duct system shall be conspicuously labeled with generic names.

- a. Provide low-liquid, high-temperature safety controls for the heated sinks.
- Provide sprinkler protection in the exhaust duct space 10' on center, at the top of all verticals and at the duct intake unless the duct material is listed otherwise.

 Remove all hazardous materials the bench and the bench and
 - bench and store in approved acid cabinets unless they are in immediate use.

The solvent exhaust hood and duct system shall be conspicucusly labeled with generic names.

- a. The exhaust duct shall be metal and shall be sprinklered as specified in Item 6. 2 metal dane culing
- b. Remove all hazardous material stored under the bench and store in approved flammable liquid cabinets unless they are in immediate use.
- Provide permanent protection around or encompassing the gas lines at floor level. to be tone

Provide a second legal exit for the R & D Lab.

CHASE NO. 1

Highly toxic compressed gases shall be stored as prescribed in Item 4.

- YELLOW ROOM

11. Provide protection around or encompassing the gas piping on the floor. Usting the application word.

Provide a second legal exit for this room.

- 13. Provide a noncombustible "catch bucket" for the photoresist spinner.
 - a. The exhaust duct material shall be metal throughout (presently plastic flex).

14. Conspicuously label the acid exhaust hood.

Store all hazardous materials not in immediate use in approved cabinets.

APPLICATIONS LAB

16. Provide a second legal exit for this room.

17. Separate the solvent and acid exhaust ducting into two systems as per the Uniform Mechanical Code.

a. Internally sprinkler the solvent exhaust duct as prescribed in Item 7.

b. Internally sprinkler the acid exhaust duct as prescribed in Item 6 unless otherwise listed.

CITACI MO. 2 New Gos Calvento En lisy in -

18. Highly toxic compressed gas cylinders shall be stored as prescribed in Item 4.

OUTSIDE CHEMICAL STORAGE AREA

Adequately secure <u>all</u> compressed gas cylinders whether empty or full. Replace valve protection caps when not in use.

20. Separate the compressed gas storage by DCT hazard class (i.e., flammable, nonflammable, poisonous, corrosive).

Oxidizers may be stored with corrosives. Provide a 20' physical separation between classes or a noncombustible partition extending 18" above/front/rear. Poison shall be stored in approved gas cabinets as prescribed in Item 4.

21. Conspicuously label the different storage areas with DOT placards.

Mr. Jack Bogan August 27, 1984 Page 4

The acid cabinet shall be relabeled to address the hazard class of the materials stored in it (i.e., chromium tri-oxide, MOF6, N2 trioxide). This cabinet is not intended for storage of strong oxidizers, flammables and perchloric acid.

23. Label the DI water tank.

Label all hazardous material drain and supply lines leading to the neutralization system.

25. Provide secondary containment pursuant to the Hazardous Materials Permit Storage Ordinance for the sodium hydroxide drums.

ROOF

26. Conspicuously label the exnaust ventilation controls.

27. Label all gas lines leading to the scrubber. That

28. Label on/off switches for the scrubber.

29. When your facility makes changes to the scrubber, I recommend that consideration be given to the AC intake vent in this vicinity. It may be advantageous to separate these two pieces of equipment in the event of a hazardous materials leak. Please notify this department to obtain a permit prior to any changes.

MISCELLANEOUS

- 30. The sprinkler system shall be upgraded as required to provide a sprinkler demand of ordinary group III over a 3,000 square foot design area.
- 31. The area surrounding the R & D Lab, Applications Lab and Yellow Room shall be separated from the remainder of the building (B-2 areas) by a complete one-hour occupancy separation. This separation includes doors, windows and any duct penetrations through the envelope. (The existing doors do not meet one-hour requirements.)
- 32. These rooms shall be capable of providing one cubic foot per square foot exhaust ventilation. A manual control switch shall be provided for this system and shall be located in a conspicuous location outside of these areas.
- 33. Any additions or deletions to the type or amount of hazardous materials shall be in accordance with the Hazardous

Mr. Jack Bogan August 27, 1984 Páge 5

Materials Storage Permit Ordinance. Please submit a the material safety data sheet for the boron tricloride.

A reinspection will be made in approximately one month to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mona J. Keegan

Deputy Fire Marshal

MJK/SMA 112-8-23L

cc: BIS



Fire Prevention (415) 966-6343

Mountain View, CA

to main

Sys7um.

RECEIVED

February 13, 1985

TEB 10 1983

Mr. Joe Solenski Genus 515 Ellis Street Mountain View, CA 94043 GENUS INC.

FIRE SAFETY REINSPECTION--515 ELLIS STREET, MOUNTAIN VIEW, CALIFORNIA--GENUS

Dear Mr. Solenski:

During my reinspection of February 7, 1985, I noted that the new exits, new burn box/scrubber and alterations to the flammable/corrosives exhaust systems have been installed without benefit of permits. Needless to say, this approach often leads to bigger and costlier problems as well as requiring time on everyone's part to resolve. In the future, please secure all proper permits prior to doing building alterations, mechanical system alterations, etc.

The following items remain to be corrected:

Paural hiller

Submit as-built plans depicting the layout of the new acid mutal dut and solvent exhaust systems in the applications lab. Also - connectory include information on the type of motors, fans, type and for solvent the size of duct material (manufacturer's listing for polyester reinforced resin) and indicate the method of installation for Spland the solvent duct roof penetration (clearance space between duct and combustible roof members).

tuck r rung. 2. Submit as-built plans for the new burn box installation depicting layout of all new ducting, motors, fans and any addition to the electrical system (if applicable). Describe location on roof, control switches, and how it interfaces with the emergency generator. Also submit the manufacturer's specifications on this equipment.

- 3. Submit as-built plans on the emergency generator. Depict manufacturer's specifications on the unit as well as capacity and duration of running time.
- Submit as-built plans for the solvent and acid exhaust systems in the R&D lab as described in Item 1. Also show location of sprinkler heads.

Mr. Joe Solenski February 13, 1985 Page 2

The aforementioned plans shall first be submitted to the Building Inspection Division, 444 Castro Street, Mountain View, California 94041.

5. The installation of the two new exits and in particular, their location, will need to be resolved with the Building Inspection Division and this Department.

R&D LAB

- 6. All highly toxic compressed gas cylinders, whether in use or storage, shall be contained in approved gas cabinets that are internally sprinklered, monitored for the type of gas present (gas detection) and be interlocked to shut off the flow of gas upon activation of the alarm.
- 7. Submit the manufacturer's specifications on the heated bath located at the acid benches.
- 8. Remove <u>all</u> hazardous materials that are stored under the bench and place in approved acid cabinets unless they are in immediate use.
- 9. Remove all flammable liquids stored under the solvent bench and place in approved flammable liquid cabinets unless they are in immediate use.
- 10. Provide a second legal exit for the R&D lab.

CHASE NO. 1

- 11. Highly toxic compressed gases shall be stored as prescribed in Item No. 6.
- 12. Provide information on the new gas detection system.

YELLOW ROOM

- 13. Provide protection around or encompassing the gas piping on the floor.
- 14. Provide a second legal exit for this room.
- 15. Conspicuously label the acid exhaust hood.
- 16. Store all hazardous materials not in immediate use in approved cabinets.

Mr. Joe Solenski February 13, 1985 Page 3

APPLICATIONS LAB

17. Provide a second legal exit for this room.

CHASE NO. 2

13. Highly toxic compressed gases shall be stored as prescribed in Item 6.

OUTSIDE CHEMICAL STORAGE AREA

- 19. Adequately secure all compressed gas cylinders whether empty or full. Replace valve protection caps when not in use.
- 20. Separate the compressed gas storage by DOT hazard class (i.e., flammable, poisonous, corrosive). Oxidizers may be stored with corrosives. Provide a 20' physical separation between classes or a noncombustible partition extending 13" above/front/rear. Poisons shall be stored in approved gas cabinets as prescribed in Item 6.

culmi

- 21. Conspicuously label the different storage areas with DOT placards.
- 22. During this inspection I could not gain access to the acid or solvent cabinets. These will need to be inspected during my next inspection.

ROOF

- 23. Conspicuously label the exhaust ventilation controls.
- 24. Label all gas lines leading to the scrubbers.
- 25. Label on/off switches for the scrubbers.

MISCELLANEOUS

26. The sprinker system shall be upgraded as required to provide a sprinkler demand of ordinary Group III over a 3,000 square foot design area. Submit as-built plans for the sprinkler system so this determination can be made.

(.21 aprilli"=

27. The area surrounding the R&D lab, applications lab, and yellow room shall be separated from the remainder of the building (B-2 areas) by a complete one-hour occupancy separation. This separation includes doors, windows and any duct penetrations through the envelope. (The existing doors do not meet one-hour requirements.)

Mr. Joe Solenski February 13, 1985 Page 4

The aforementioned rooms shall be capable of providing one cubic foot per square foot exhaust ventilation. A manual control switch shall be provided for this system and shall be located in a conspicuous location outside of these areas. Provide information on these air-handling systems.

29. Any alterations or deletions to the type or amount of hazardous materials shall be in accordance with the Hazardous Materials Storage Permit Ordinance. Submit the material safety data sheet for the boron trichloride.

A reinspection will be made in approximately three weeks to determine compliance. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mona J. Keegan

Deputy Fire Marshal

MJK/SMA 112-2-11L

cc: Mr. Bill Lehner

Building Inspection Division



Fire Prevention (415) 966-6343

1000 Villa Street Mountain View, CA 94041

May 29, 1985

Mr. William Lehner Genus 515 Ellis Street Mountain View, CA 94043 CINE TO

515 ELLIS STREET--GENUS--FIRE CODE COMPLIANCE

Dear Bill:

Thank you for the information you submitted pursuant to our letter dated February 13, 1985. I will address your responses individually.

TEMPORARY STORAGE OF WF6

Your responses to our requirements are correct. I would also like to suggest that visual daily monitoring of the storage be conducted as an added safety precaution.

Please refer to Fire Department letter dated February 13, 1985 and your response letter dated May 2, 1985.

ITEM NO. 1 (APPLICATION LAB SPRINKLER PIPING PLAN FOR CHEMICAL EXHAUST SYSTEM)

Acid Exhaust: Sprinkler head locations in duct are acceptable. Add one head at each hood location.

Solvent Exhaust: Due to the size of the duct, sprinklers are not required (less than 10" in diameter). Add one head at the hood and one at the roof penetration. Also, the information given for the blower exhaust motor does not indicate model type (i.e., explosionproof or nonexplosionproof). Please clarify.

ITEM NO. 2

Am I correct in ascertaining that the burn box or CDO system is an integral part of the scrubber system? Specifically, should a power outage occur, will the gases being processed in the CDO continue to the scrubber with the only out-of-service function being that of the CDO? If this is the case and with the knowledge I have of water wash scrubbers, I would recommend that the CDO be wired into the generator.

Powerful - all machines parte fail one que off

Mr. William Lehner May 29, 1985 Page 2 Wfi

ITEM NO. 3

I recommend that the generator run independent of a public utility.

ITEM NO. 4

The submitted piping plan does not include this area. Additionally, provide one sprinkler head at each acid hood and one head at the solvent hood and roof penetration.

ITEM NO. 5

OK. Please arrange for another final inspection as there were pending items.

ITEM NO. 6

I am in agreement that cabinets containing water-reactive materials should not be sprinklered.

In regard to monitoring hazardous gases, I cannot require something that does not exist, so therefore this requirement will remain in temporary abeyance until such time as devices are available. However, the outgoing piping system shall be provided with excess flow control valves that will detect and shut down the flow of gas upon an excessive flow condition. Please arrange an inspection with this department when the gas cabinets are completed.

ITEM NO. 7

Information suggests approval. In the event of future modifications or a change to a combustible vessel material, low liquid level safety controls will be required.

ITEM NOS. 8 AND 9

Does this mean I will not see any more chemicals stored under the benches?????? $\frac{1}{2}$

ITEM NOS. 10 AND 11--OK.

ITEM NO. 12

I was referring to the equipment located in Chase No. 1. .

ITEM NOS. 13 THROUGH 19--OK.

Mr. William Lehner May 29, 1985 Page 3

ITEM NO. 20--OK. (Poisons still need to be in cabinets.)

ITEM NOS. 21 AND 22--OK.

ITEM NO. 23--OK. (I will need to get on the roof during the next inspection.)

ITEM NOS. 24 AND 25--OK.

ITEM NO. 26 -

It appears that the sprinkler system was designed with pipe schedule spacing as opposed to being hydraulically calculated. A review of the as-built plans indicates that the spacing and location of the head fall within the scope of ordinary Group III pipe schedule. Available water at the street is 90 static 53 residual with 9,200 GPM at 20 PSI.

ITEM NO. 27-OK.

ITEM NO. 28

Further discussion is needed on this subject. I made an error in my letter in that Article 51 requires one cubic foot per minute per square foot of floor area. At this point, I am not sure how to interpret or equate cubic feet with square feet.

ITEM NO. 29--OK.

A reinspection will be made in approximately three weeks to determine compliance with the completed items. If you have any questions, please call us at (415) 966-6343.

Sincerely,

Mona J. Keegan

Deputy Fire Marshal

Mulin J. Keign

MJK/EGJ

112-5-28L2



Fire Department Telephone (415) 966-6365

1000 Villa Street Mountain View, CA 94041

July 21, 1986

Mr. Bob Ramsey GENUS, INC. 515 Ellis St. Mountain View, CA 94039

> HAZARDOUS MATERIALS INSPECTION SCHEDULED FOR 515 ELLIS STREET ON JULY 24, 1986

Dear Mr. Beeby:

A hazardous materials inspection has been scheduled for the facility located at 515 Ellis Street. Enclosed is a list of information you will need to have on hand for the meeting. Please provide copies of all applicable items. Your cooperation is appreciated.

If you should have any questions, call (415) 966-6378.

Thank you,

Cindy/Sundquist -

Asst. Mazardous Materials Specialist

Enclosure

b/hminslta

INSPECTION TOOK PLACE 7/24/86

I RECIEVED THIS ON 7/28/86

M. SUNDQUIST TO SEND REPORT

HAZARDOUS MATERIALS INSPECTION INFORMATION TO BE PROVIDED

- 1. Number of days and shifts the building is occupied, and the number of employees per shift.
- 2. The history of the site and previous occupancies.
- 3. Major changes in your operation regarding chemical handling and disposal.
- 4. Description of above and below ground tanks (i.e., age, contents, capacity, construction).
- 5. All permits and the maximum permissable concentrations (i.e., water, sewer, air discharge permits, EPA permits, City of Mountain View permits).
- 6. Results of any monitoring or testing which has been conducted in regards to the above.
- 7. Results of any precision testing conducted.
- 8. Manifests

- 9. Emergency Preparedness Plan
- _10. Closure Plan
- 11. Waste Analysis Plan
- 12. Written audits/inspections of equipment or devices regarding environmental hazards (i.e., monitoring equipment, safety and emergency equipment, security devices, etc.)
- 13. Geology of site (i.e., soil type and permeability, depth of shallow aquifer, location and use of nearest surface stream or impoundments within one mile).

CS/gl/mi-7/86 b-hminsltb



Fire Department Telephone (415) 966-6365

RECEIVED

1000 Villa Street Mountain View, CA 94041

July 25, 1986

JUL 30 1986

R

Mr. Bob Ramsey, Facilities, Safety & Security Mgr. GENUS 515 Ellis Mountain View, CA 94043

RE: HAZARDOUS MATERIALS INSPECTION-JULY 24, 1986

Dear Mr. Ramsey:

On the above date a Hazardous Materials inspection was conducted of your facility. The purpose of the inspection was to evaluate your handling and disposal pratices for all chemicals at your facility. The following item shall be completed as per the "City of Mountain View HAZARDOUS MATERIALS STORAGE PERMIT CODE".

- Develope a closure plan for the above facility. This plan shall contain a description of the proceedures you would use for terminating the storage of your hazardous materials in a manner which would minimize the need for further maintenance; would control any residual materials in the storage facility; and would demonstrate that the hazardous materials that were stored in the storage facility can and will be removed, disposed of, neutralized, or reused in an appropriate manner. (Ord. 19.83, Sec.24.19, 9/27/83.)
- 2. Develope the Emergency Response Proceedures your company would take in the event of a chemical spill, leak or fire. Included in this proceedure should be individuals who would be responsible for different emergencies or would be responsible for calling the appropriate agencies (ie. fire dept.). Both their extentions and home phone numbers should be listed with their names. Simplified proceedures shall be posted conspicuously in locations where hazardous materials are stored. (Ord. 19.83, Sec. 24.17, 9/27/83.)
- 3. Retrain the members of the emergency resoponse team on at least a biannual basis. This training should be used to refresh the members menories on the various proceedures to use in the event of an emergency, as well as to discuss any new proceedures, equiptment or chemicals you might develope or obtain for your company. Also, included

in this training should be the proper use of fire extinguishers. This training should be documented.

- 4. Conduct formal training for all employees who work or handle hazardous materials. This training should include the proper handling and storage of chemicals so as to avoid not only an employee injury, but also to avoid the improper mixing, storage or disposal of chemicals which could lead to an unauthorized release of chemicals into the environment through spills, leaks or fire. All training should be documented.
- Develope and maintain a log for all recordable and reportable spills or leaks. A recordable unauthorized discharge is one which is from a primary to a secondary containment, one in which you are able to adequately clean up the discharge before it escapes from the the containment, there is no increase in the hazard of fire or explosion, there is not any production of a flammable or poisonous gas, nor any deterioration of the secondary containment. An unauthorized discharge does not need to be recorded if the discharge is not a result of a failure or deterioration of the primary container and the quantity discharged is less than one ounce by weight and can be cleaned up within fifteen minutes. A reportable discharge is one which does not meet the above criteria in that the spill or leak is not contained by the secondary containment structure, you are unable to clean up the discharge before it escapes or the discharge produces an increased hazard from a fire or explosion (Ord. 19.83, Sec. 24.25, 9/27/83.). standpoint.
- 6. Dispose of the liquid in the bottom of the solvent storage cabnit located in the outside storage area. There is an unknown liquid currently located in the bottom shelf area which is used as the secondary containment for the cabnit. The liquid shall be analyzed and if hazardous, shall be disposed of properly by either being recycled or hauled away. (Ord. 19.83, Sec. 24.10, 9/27/83.)

There were two waste drums which were currently not in secondary containment. This was due to the old berm being too small to hold the two drums kept in the area. You had ripped out the old berm and you have plans to intall a larger one in 3-4 weeks.

You are currently storing your Tungston Hexafluoride gas inside the building in an unventilated area. However, you are currently having hoods built for the cylinders which will be ventilated. You stated that these hoods should be installed in approximately 2 weeks.

1-- - -

As we discussed, I have enclosed a list of items I would like you to send me a copy of. For items in which there might be duplicates (ie. manifests), you can send only the most current one.

I will contact you in approximately 3-4 months in order to reschedule a visit. In the mean time, if you have any questions, please feel free to call me at (415) 966-6378.

Sincerely,

Cindy Sundquist

Asst. Hazardous Materials Specialist

cc: Mr Jim Daggert, VP-Human Relations



FIRE PREVENTION BUREAU HAZARDOUS MATERIALS SECTION TELEPHONE: (415) 966-6378

1000 VILLA STREET MOUNTAIN VIEW, CA 94041

December 15, 1986

Mr. Ralph Itanin GENUS 515 Ellis Mountain View, CA 94041

RE: HAZARDOUS MATERIALS INSPECTION-FOLLOW-UP

Dear Mr. Italin:

On November 26, 1986 a visit was made to follow-up on the items listed in my letter dated July 25, 1986. The status of these items are as follows:

- 1. (Resubmitted) Develop a closure plan for the above facility. This plan shall contain a description of the procedures you would use for terminating the storage of your hazardous materials in a manner which would minimize the need for further maintenance; would control any residual materials in the storage facility; and would demonstrate that the hazardous materials that were stored in the storage facility can and will be removed, disposed of, neutralized, or reused in an appropriate manner.
- 2. (On hold/Resubmitted) You will be required to develop an emergency prepardness plan; however we are standardizing the information we would need and will send this to you at a later date. Until that time, no further work in this area is needed.
- 3. (On hold/Resubmitted) Conduct emergency response training on a regular basis for all members of your emergency response team. This training will be part of the above emergency prepardness plan and can be developed at the same time.
- 4. (Partially completed) Train all the employees in the proper use and storage of hazardous materials. You have already conducted the initial training; however, you still need to conduct refresher courses on a semi-annual basis.
- 5. (Resubmitted) Develop and maintain a log for all recordable and reportable spills or leaks. A recordable unauthorized discharge is one which is from the primary to the secondary containment, one in which you are able to adequately clean up the discharge before it escapes from the containment, there is no increase in the hazard of fire or explosion, there is not any production of a flammable or

poisonous gas, nor any deterioration of the secondary containment. An unauthorized discharge does not need to be recorded if the discharge is not a result of a failure or deterioration of the primary container and the quantity discharged in less than one ounce by weight and can be cleaned up within fifteen minuites. A reportable discharge is one which does not meet the above criteria in that the spill or leak is not contained by the secondary containment sturcture, you are unable to clean up the discharge before it escapes, or the discharge produces an increased hazard from a fire or explosion standpoint.)

6. (Completed) The liquid in the bottom of the solvent storage cabinet has been removed.

The secondary containment for the storage of waste drums which was in progress at the time of my previous visit has been completed.

The Ventilation system for the storage of the Tungston Hexafluoride gas is still in progress. The system which was being worked on was insufficient to meet all codes. Therefore, you are in the process of developing/installing another.

In addition to the incomplete items listed above, the following items shall be completed as per the "City of Mountain Views HAZARDOUS MATERIALS STORAGE PERMIT5 CODE".

- 7. Place the 6' x 6' hazardous waste labels on the drums immediately upon placing waste inside. The labels shall also be filled out at this time.
- 8. Dispose of your hazardous waste within 90 days of the initial generation. In order to store hazardous waste longer than 90 days, you need a special license from the Department of Health Services to be a Treatment, Storage and Disposal (TSD) facility.

Please let me know if you have any questions on the above. I will revisit you in March to follow-up on the above items.

Sincerely

Cindy Sundquist

Asst. Mazardous Materials Specialist



FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET MOUNTAIN VIEW, CA 94041

August 31, 1987

Mr. Ralph Itanin GENUS INC. 515 Ellis Street Mountain View, CA 94043

Dear Mr. Itanin:

On August 31, 1987, an inspection was conducted at your facility to determine compliance with the Hazardous Materials Storage Ordinance (Chapter 24, MVMC) and the Health and Safety Code.

The following items were noted as requiring either remedial action for compliance or further investigation to determine compliance:

Outside Hazardous Waste Storage

- Spill containment kit/control equipment will be in place, located near enough for easy access, by the next re-inspection.
- 2) All hazardous materials within storage area should either be in storage lockers or some other form of secondary containment. Evidence found outside storage area of previous spills. Storage area needs some form of secondary containment, i.e. a berm, to prevent any release inside storage from spreading to the outside.
- 3) Containerized materials should be transferred in and out of storage area safely, using a dolly for cylinders, and some sort of container cart for other materials.
- 4) Label all processing tanks with chemical name and hazard class. All secondary tank containers should be clean and dry.
- 5) Gas cabinets are to be installed by the end of October, before our c_1 : next re-inspection. Cabinets shall be labelled and placarded.

Lab Processing Area

1) Processing lab floor drain must be covered or bermed 2-24-87

Paperwork

1) Post all permits (i.e. Haz Mat, Air Emissions, Waste Water Discharge).

CHEM & CLASS

- 2) Document in writing that all personnel are trained in Right-To-Know with yearly updates.
- 3) Post emergency evacuation and notification procedures.
- 4) Accumulation start dates must be marked on all hazardous waste labels. Waste may only be accumulated for a maximum of ninty days. Manifest copies from disposal site must be retrieved and maintained.

A re-inspection of your premises will be conducted during the LAST WEEK OF OCTOBER to confirm that those items not in compliance have been corrected. Failure to correct said items may result in civil penalties of up to \$500.00 per day. Further re-inspections will be billed at \$40.00 per hour, one hour minimum.

Thank you for your time and cooperation. If you have any questions, feel free to call mo at (415) 966-6378.

Chus Stech

Chris Steck

Hazardous Materials Specialist



FIRE DEPARTMENT
HAZARDOUS MATERIALS DIVISION
(415) 966-6378

1000 VILLA STREET MOUNTAIN VIEW, CA 94041

August 31, 1987

Mr. Ralph Itanin GENUS INC. 515 Ellis Street Mountain View, CA 94043

Dear Mr. Itanin:

On August 31, 1987, an inspection was conducted at your facility to determine compliance with the Hazardous Materials Storage Ordinance (Chapter 24, MVMC) and the Health and Safety Code.

The following items were noted as requiring either remedial action for compliance or further investigation to determine compliance:

Outside Hazardous Waste Storage

- 1) Spill containment kit/control equipment will be in place, located near enough for easy access, by the next re-inspection.
- 2) All hazardous materials within storage area should either be in storage lockers or some other form of secondary containment.

 Evidence found outside storage area of previous spills. Storage area needs some form of secondary containment, i.e. a berm, to prevent any release inside storage from spreading to the outside.
 - 3) Containerized materials should be transferred in and out of storage area safely, using a dolly for cylinders, and some sort of container cart for other materials.
 - 4) Label all processing tanks with chemical name and hazard class. All secondary tank containers should be clean and dry.
 - 5) Gas cabinets are to be installed by the end of October, before our next re-inspection. Cabinets shall be labelled and placarded.

Lab Processing Area

1) Processing lab floor drain must be covered or bermed.

Paperwork

1) Post all permits (i.e. Haz Mat, Air Emissions, Waste Water Discharge).

- Document in writing that all personnel are trained in Right-To-Know with yearly updates.
 - 3) Post emergency evacuation and notification procedures.
 - 4) Accumulation start dates must be marked on all hazardous waste labels. Waste may only be accumulated for a maximum of ninty days. Manifest copies from disposal site must be retrieved and maintained.

A re-inspection of your premises will be conducted during the LAST WEEK OF OCTOBER to confirm that those items not in compliance have been corrected. Failure to correct said items may result in civil penalties of up to \$500.00 per day. Further re-inspections will be billed at \$40.00 per hour, one hour minimum.

Thank you for your time and cooperation. If you have any questions, feel free to call me at (415) 966-6378.

Chus Stech

Chris Steck

Hazardous Materials Specialist

DHS 8022 A (1/87)
EPA 8700—22
(Rev. 9-88) Previous editions the chapters.

CASE OF AN EMPRENCY OF SPILL, CALL THE NATIONAL RESPONSE CENTER 1 800 424-8802, WITHIN CALIFORNIA CALL 1-800 852-7550

3 Generator's Name and Makings Address 4 Generator's Name (1) \$ 1.0 \ 1		PAID NO 11-15-11-31-71-71-71	Manifest Occument No	2 Page 1			he shaded areas by Federal law
State Contention in Process of Pr		¢		A State Man	fest Docum	ent Num	ber
Generator a Primary Visine 5 Transporter 1 Company Name 9 US EPA ID Number 10 State Processor 1 Company Name 9 US EPA ID Number 11 State Transporter 2 ID 12 Transporter 2 ID 13 Transporter 3 ID 14 ID 15 Transporter 3 ID 16 Transporter 3 ID 17 Transporter 3 ID 18 Transporter 3 ID 19 Designated Faculty Name and Site Address 10 US EPA ID Number 10 State Pacifity's ID 11 US DOT Designated Faculty Name and Site Address 10 US EPA ID Number 11 US DOT Designated Faculty Name and Site Address 12 Add Address 3 State 13 Continuers 14 ID 15 State Pacifity's Photos 16 ID 17 State Pacifity's Photos 17 State Pacifity's Photos 18 ID 19 Journal Of State Pacifity's Photos 19 Journal Of State Pacifity's Photos 19 Journal Of State Pacifity's Photos 10 State Pacifity's Photos 10 Journal Of State Pacifity's Photos 10 Journal Of State Pacifity's Photos 11 US DOT Descriptions for Materials Lated Above 19 Journal Of State Pacifity's Photos 10 Journal Of State Pacifity's Photos 10 Journal Of State Pacifity's Photos 11 Journal Of State Pacifity's Photos 12 Continuers 13 Costs In Journal Of State Pacifity's Photos 14 Journal Of State Pacifity's Photos 15 State EPA/Other 16 Journal Of State Pacifity's Photos 17 Journal Of State Pacifity's Photos 18 Journal Of State Pacifity's Photos 19 Journal Of State Pacifity's Photos 10 Journal Of State Pacifity's Photos 11 Journal Of State Pacifity's Photos 12 Journal Of State Pacifity's Photos 13 Journal Of State Pacifity's Photos 14 Journal Of State Pacifity's Photos 15 Special Hending Instructions and Additional Information 16 Journal Of State Pacifity Photos 17 Journal Of State Pacifity Photos 18 Journal Of State Pacifity Photos 19 Journal Of State Pacifity Photos 10 Journal Of State	TE FULL IT MT. VIEW CA	94062				<u> </u>	
5 Transporter 2 Company Name 6 US EPA ID Number 7 Transporter 2 Company Name 8 US EPA ID Number 8 State Transporter 3 ID STATE 7 Transporter 2 Company Name 9 Designated Facility Name and Side Address 10. US EPA ID Number 8 State Transporter 3 ID STATE 7 Transporter 2 Company Name 9 Designated Facility Name and Side Address 10. US EPA ID Number 11 US DOT Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 12 Containers 13 Transporter 3 ID STATE 14 US DOT Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 15 State Transporter 3 ID STATE 16 State Transporter 3 ID STATE 17 US DOT Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 18 State 19 Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 19 Additional Descriptions for Materials Listed Anove 81 ACC FORE, FLESH STATE 10 State 11 US DOT Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 10 State 11 US DOT Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 11 US DOT Description (Including Proper Shipping Name, Heater Cleas, and ID Number) 12 State 13 State 14 ID STATE STATE STATE 15 Special Heater (Including Proper Shipping Name, Heater Cleas, and ID Number) 16 State Transporter (Including Name) 17 State Transporter (Including Name) 18 ID STATE				l l	1 1 4	Ex	EMPT
9 Designated Faceley Name and Site Address 10. US EPA ID Number State Faceley a Ponce G State Faceley a Ponce H Faceley a Ponce H Faceley a Manual State Address State Faceley a Manual State Faceley and Address 10. US EPA ID Number 11. US DOT Description (including Proper Shoping Name, Hazard Class, and ID Number) 12. Containers 13. Total 14. US DOT Description for Materials Listed Above MALE FAR Other EPA Cliner EPA Cliner Bate EPA Cliner Bate EPA Cliner A Additional Descriptions for Materials Listed Above A H C F T N M F. T F F S N M F S N M M M M M M M M M M M M M M M M M M		US EPA ID Number		C State Tran	sporter's ID	-	2706
9 Designated Faceley Name and Site Address 10. US EPA ID Number State Faceley a Ponce G State Faceley a Ponce H Faceley a Ponce H Faceley a Manual State Address State Faceley a Manual State Faceley and Address 10. US EPA ID Number 11. US DOT Description (including Proper Shoping Name, Hazard Class, and ID Number) 12. Containers 13. Total 14. US DOT Description for Materials Listed Above MALE FAR Other EPA Cliner EPA Cliner Bate EPA Cliner Bate EPA Cliner A Additional Descriptions for Materials Listed Above A H C F T N M F. T F F S N M F S N M M M M M M M M M M M M M M M M M M	104/EM 15/2/10/E 10	14121017749	413111	D Transporte	r's Phone	73	66441
9 Designated Facility Name and Site Address 10 US CPA ID Number 11 US DOT Description (Including Proper Shipping Name, Assard Class, and ID Number) 12 Containers 13 Total 14 Market Wales 14 US DOT Description (Including Proper Shipping Name, Assard Class, and ID Number) 15 US DOT Description (Including Proper Shipping Name, Assard Class, and ID Number) 16 US DOT Descriptions for Materials Listed Above 17 J Additional Descriptions for Materials Listed Above 18 J A Class Additional Proper Shipping Name, Assard Class, and ID Number) 19 J Additional Descriptions for Materials Listed Above 10 J Additional Descriptions for Materials Listed Above 10 J Additional Descriptions for Materials Listed Above 11 J Additional Descriptions for Materials Listed Above 12 J Additional Descriptions for Materials Listed Above 13 J Additional Descriptions for Materials Listed Above 14 J J J J J J J J J J J J J J J J J J J	7 Transporter 2 Company Name 8.	US EPA ID Number				~	
Special Handling Codes for Wasters Listed Above State Special Handling Codes for Wasters Listed Above State Special Handling Instructions and Additional Information Additional Properties Additional Properties Additional Information Additional Informatio		1 1 1 1 1 1 1 1 1	111	<u> </u>			
H Facility Phone H H Facility Phone H H H H H H H H H H H H H H H H H H H	· ·	US EPA ID Number					44 4 A
11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12 Continuers 13 Origin 15 Origin	_			H Facility's	hone	41	7114
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) 12 Containers 13 Total No Type 14 Additional Observations for Materials Listed Above A) Additional Observations for Materials Listed Above A) ACCETINE, FACEUR, ESPACIBLE EPACIBLE BALL 15 Special Handling instructions and Additional Information 16 GENERATOR'S CERTIFICATION: I have by declare that the contents of this consegnment are fully and accurately described above by proper ship name and reclassified, packed, marked, and libeled, and are in all respects in proper condition for transport by highway according to applications and national government regulations are contained and national government regulations are contained and national government regulations are contained and national government regulations are ship to the depart of the content of the con		મુનાગાગ 1 ને ન તે	अं घटा	1		_	
No Type WIT/20 WIT/20 WIT/20 WIT/20 WIT/20 WIT/20 WIT/20 WIT/20 State EPA/Other FA Additional Descriptions for Maternals Listed Above A) HCET/NI, NIESIN, ESPA/Other A) HCET/NI, NIESIN, ESPA/Other FA/Other To GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper ship name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations. HI am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree In determined to be economically cracicable and that I have selected the practicable method of treatment, storage, or disposal currently available to missing the following the storage of the sto					Total	14	1
D GENERATOR'S CERTIFICATION: Listed Above A) Additional Descriptions for Maternals Listed Above A) Additional Descriptions for Maternals Listed Above A) ACCIT TIME, FIRE OF ACTION STATE OF ACTION State EPACITIES GENERATOR'S CERTIFICATION: Liberedy declare that the contents of this consignment are fully and accurately described above by proper strip name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic informational and national cyclerement regulation. In the accordant packed to the volume and flocation of the packed and packed to the volume and flocation of the packed and packed to the volume and flocation of the packed and packed to the volume and flocation of the packed and packed to the volume and flocation of the packed and packed to represent and duties threat to human health and the environment; of HI I am a similar guardenic of the degree I have selected the oral cabble method that is available to me and that I can afford Printed Typed Name Signature Month Day 10. Finally Operer or Operator Certificiation of secent of hazardous maternals covered by this manifest except as noted in frem 19 Discrepancy indication Space Month Day A CHERT Special Manne Signature Signature Signature Signature Month Day A CHERT Special Manne Signature Signature Signature Month Day A CHERT Special Manne Signature Signature Signature Month Day A CHERT Special Manne Signature Signature Signature Month Day A CHERT Special Manne Signature Signature Signature Month Day A CHERT Special Manne Signature Signature Signature Signature Signature Signature Signature Signature Month Day A CHERT Special Manne Signature Month Day A CHERT Special Manne Signature Signature Signature Signature Month Day A CHERT Special Manne Signature Signature Signature Signature Signature Signature Signature Si			No	Туре	Quantity		
BACINES PARCIDER State PA	* ルノル・ナモ デーリッハタベンモ 41941	UNOS					State 4-3-7
and determined to be economically particular and hat I carried to human health and the environment; Off I I am a small quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree. In the determined to be economically practicable and that I have selected the practicable method of treatment store) of treatment store). I are made a great that the contents of the consequence and countriely described above by proper shot and and real classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic inflemational and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree. In determined to be economically practicable and that I have selected the practicable method of treatment store) or disposal currently available me which minimizes the present and uture threat to human health and the environment; OR II I am a small quantity generator. I have made a great that the content of minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Signature Month Day 10. Transporter 2 Achnowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 13. Discregancy indication Space Month Day Signature Month Day Month Day Signature Month Day Month D	1		١		\ \ \ \	-	EPA/Other
and determined to be economically particular and hat I carried to human health and the environment; Off I I am a small quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree. In the determined to be economically practicable and that I have selected the practicable method of treatment store) of treatment store). I are made a great that the contents of the consequence and countriely described above by proper shot and and real classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic inflemational and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree. In determined to be economically practicable and that I have selected the practicable method of treatment store) or disposal currently available me which minimizes the present and uture threat to human health and the environment; OR II I am a small quantity generator. I have made a great that the content of minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Signature Month Day 10. Transporter 2 Achnowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 13. Discregancy indication Space Month Day Signature Month Day Month Day Signature Month Day Month D	h A A A A A A A A A A A A A A A A	1773	<u> 40 /</u>	UM 15	14-15	- 3	State
State EPA/Other J. Additional Descriptions for Materials Listed Above A) ACC. TINE, FLESH, ESPROPLARE COHOL IS Special Hending Instructions and Additional Information To Special Hending Instructions and Additional Information Instruction To Special Hending Instructions and Additional Information To				_ .			
J. Additional Descriptions for Materials Listed Above A) HC: TINI: FIRE IN ESPAIDING ACCORDING TO BE ACCORDIN			1	1 1			EPA/Other
J. Additional Descriptions for Materials Listed Above A) HC! TINE! FILED LISTED LISTED ADDYL ACTIONS IS Special Handling instructions and Additional Information II am a large quantity generator. I certify half I have a program in place to reduce the volume and fosciently of waste generated to the degree In determined to be economically practicable and that I have selected the practicable method of the environment? OR If I am a small quantity generator. I have made a gratin that for to minimize my waste generation and select the best waste management method that is available to me and that I can afford Printed Typed Name Signature Month Day II. Transporter 1 Acknowledgement of Receipt of Materials Finited Typed Name Signature Month Day 19. Discrepancy Indication Space Month Day 19. Discrepancy Indication Space Signature Signature Month Day 19. Discrepancy Indication Space Month Day Signature Signature Month Day 19. Discrepancy Indication Space Month Day 19. Discrepancy Indication Space Month Day Signature Signature Month Day Month Day Signature Month Day Month Day Signature Month Day M	c		 			1.	State
J. Additional Descriptions for Materials Listed Above A) HC! TINE! FILED LISTED LISTED ADDYL ACTIONS IS Special Handling instructions and Additional Information II am a large quantity generator. I certify half I have a program in place to reduce the volume and fosciently of waste generated to the degree In determined to be economically practicable and that I have selected the practicable method of the environment? OR If I am a small quantity generator. I have made a gratin that for to minimize my waste generation and select the best waste management method that is available to me and that I can afford Printed Typed Name Signature Month Day II. Transporter 1 Acknowledgement of Receipt of Materials Finited Typed Name Signature Month Day 19. Discrepancy Indication Space Month Day 19. Discrepancy Indication Space Signature Signature Month Day 19. Discrepancy Indication Space Month Day Signature Signature Month Day 19. Discrepancy Indication Space Month Day 19. Discrepancy Indication Space Month Day Signature Signature Month Day Month Day Signature Month Day Month Day Signature Month Day M				1			EPA/Other
J Additional Descriptions for Materials Listed Above A) HCITINE, FILEDM, ESPROPL ACCORD If RICHTINE, FILEDM, ESPROPL ACCORD If Special Handling instructions and Additional Information GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper ship name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and foxicity of waste generated to the degree hid determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available method to minimize the present and duture threat to human health and the environment; OR if I am a small quantity generator. I have made a grant to minimize my waste generation and select the best waste management method that is available to me and that I can afford Printed Typed Name Signature Month Day 10. Transporter 2 Acknowledgement of Receipt of Materials Signature Month Day 119. Discrepancy indication Space Signature Signature Month Day 20. Facility Oyner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 18 Printed Typed Name Signature Signature Month Day 20. Facility Oyner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 18 Printed Typed Name Signature Signature Signature Month Day 20. Facility Oyner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 18 Signature Signature Month Day Actually Signature Month Day Month Day		•					
J Additional Descriptions for Materials Listed Above A) ACIF TIME, FIREDIA, ESPRAPSIL ACIONAL 15 Special Handling Instructions and Additional Information GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper ship name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic informational and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree In determined to be exponentially practicable and that I have selected the practicable method of treatment, storage, or disposal currently available me which minimizes the present and Jutire threat to human health and the environment; OR II am a small quantity generator. I have made a great faith effort to minimize my waste generation and select the best storage and select the best storage and select the method of treatment, storage, or disposal currently available me which minimizes my waste generation and select the best storage and the storage or disposal currently available method of treatment, storage, or disposal currently available method of treatment, s	d						State
15 Special Handling Instructions and Additional Information 16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper ship name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic informational and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and foxicity of waste generated to the degree I high determined to be economically practicable and that I have selected the practicable method of treatments storage, or disposal currently available method inhuminizes the present and faulture threat to human health and the environment; OR of I may made a grant her for the minimizer my waste generation and select the best waste management method that is available to me and that I can afford 17 Transporter 1 Acknowledgement of Receipt of Materials 18 Transporter 1 Acknowledgement of Receipt of Materials 19 Signature Month Day 19 Discrepancy indication Space 20 Facility Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in item 19 20 Facility Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in item 19 21 Signature Signature Signature Month Day 22 Facility Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in item 19 23 Signature Signature Signature Signature Month Day Actually and accurately described above by proper ship and accuratel	·						EPA/Other
15 Special Handling Instructions and Additional Information 16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper ship name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic informational and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and foxicity of waste generated to the degree I high determined to be economically practicable and that I have selected the practicable method of treatments storage, or disposal currently available method inhuminizes the present and faulture threat to human health and the environment; OR of I may made a grant her for the minimizer my waste generation and select the best waste management method that is available to me and that I can afford 17 Transporter 1 Acknowledgement of Receipt of Materials 18 Transporter 1 Acknowledgement of Receipt of Materials 19 Signature Month Day 19 Discrepancy indication Space 20 Facility Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in item 19 20 Facility Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in item 19 21 Signature Signature Signature Month Day 22 Facility Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in item 19 23 Signature Signature Signature Signature Month Day Actually and accurately described above by proper ship and accuratel						<u></u>	<u> </u>
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipname and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available me which minimizes the present and duture threat to human health and the environment; OR if I am a small quantity generator. I have made a grant to minimize my waste generation and select the best waste management method that is available to me and that I can afford faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford the properties of the propertie	15 Special Handling instructions and Additional Information		7	-99	101		****
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipname and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I in determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available me which minimizes the present and duture threat to human health and the environment; OR III am a small quantity generator. I have made a great the flort to minimize my waste generation and select the best waste management method that is available to me and that I can afford Printed/Typed Name Signature Month Day 19. Discrepancy indication Space Signature Signature Signature Month Day 19. Discrepancy indication Space Signature Signature Month Day 19. Discrepancy indication Space			ı	' [{	101		
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipn name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations. If I am a large quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I in determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available method the minimizes the present and Juture threat to human health and the environment; OR III am a small quantity generator. I have made a glath effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space Signature Signature Signature Month Day 19. Discrepancy Indication Space Signature Signature Month Day ACCURRENT Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in Item 19 Signature Month Day ACCURRENT Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in Item 19 Signature Month Day ACCURRENT Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in Item 19 Signature Month Day ACCURRENT Opmer or Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in Item 19 Signature Month Day ACCURRENT Operator Certification of receipt of hazardous materials covered by this/manifest except as noted in Item 19 Signature	CLOUPE 1 6296252						
If I am a large quantity generator. I certify that I have a program in place to reduce the volume and foxicity of waste generated to the degree I him determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available method minimizes the present and Juliure threat to human health and the environment; OR if I am a small quantity generator. I have made a great faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford Printed/Typed Name Signature Month Day	GENERATOR'S CERTIFICATION: I hereby declare that the						
Printed/Typed Name 17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Month Day Printed/Typed Name Signature Month Day Active Month Day Month Day Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BAY Robins ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS	If I am a large quantity generator, I certify that I have a prod determined to be economically practicable and that I have me which minimizes the present and future threat to human	selected the practicable mealth and the environment	ethod of tre	atment, storaç 1 a small quai	je, or dispo itity genera	osal cur itor, I hi	rently available ave made a goo
17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 19. Discrepancy indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Printed/Typid Name Signature Signature Signature Month Day Printed/Typid Name Signature Month Day Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19 Activity Owner or Operator Certification of receipt of hazardous materials covered by this manufest except as noted in Item 19	The state of the s						
Printed/Typed Name Signature Month Day 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 19. Discrepancy indication Space 20. Facility Opiner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Signature Month Day Activity Signature Month Day Activity Signature Month Day Activity Month Day Activity Month Day Activity Month Day Month Day Activity Month Day Activity Month Day Activity Month Day Activity Month Day Month Day Activity Month Day Activity Month Day Activity Month Day Month Day Activity Month Day Mo	Printed/Typed Name	11.11					1000
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space 20. Facility Opmer or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature A (1/89)		14200	12				1/2 2 3 7 7 7
19. Discrepancy indication Space 19. Discrepancy indication Space 20. Facility Opiner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Tipsed Name Signature Signature Signature National Department of Receipt of Materials and Signature According to the Signature of Signature National Department of Receipt of Materials and Signature of Receipt of Hazardous materials covered by this manifest except as noted in Item 19 National Department of Receipt of Materials and Signature of Receipt of Hazardous materials covered by this manifest except as noted in Item 19 National Department of Receipt of Materials and Signature of Receipt of Receipt of Materials and Signature of Receipt of Receipt of Materials and Signature of Receipt of	RALPHITTALEN	12000	1.2	6611			10111
Printed/Typed Name Signature Month Day 19. Discrepancy indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Signature National Day Activity Ac	17 Transporter 1 Acknowledgement of Receipt of Materials	Signature ,	12	646	پر مختیر	_	Month Day
19. Discrepancy indication Space 20. Facility Opiner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Tiped Name Signature Signature Accord Department of the Control of t	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature	12	65,16	L. P	én	Month Day 1
19. Discrepancy indication Space 20. Facility Opiner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Tiped Name Signature Signature Activity Activity Reliable: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS OF THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Ames L Leke	Signature ,	12	65,6	ÉN	er	Month Day 1
20. Facility Opmer or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Tipid Name Signature ACTIVITY ACTIVITY Relian: TSDF SENIOS THIS COPY TO GENERATOR WITHIN 30 DAYS. INSTRUCTIONS ON THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials	Vein	12	6516	L. P.	er	10/1/1919
Printed/Typed Name Atte Knuth Ber 2 A (1/87) Reliaw: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name	Vein	12	65,6	L. P	én	10/1/1919
Printed/Typed Name Atte Knuth Ber 2 A (1/87) 2 A (1/87) Reliaw TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name .	Vein	12	65,6	L. P	Ín.	10/1/1919
Printed/Typed Name Atte Knuth Ber 2 A (1/87) Reliaw: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name	Vein	12	65,16	LP.	en	10/1/1919
Relian TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS ON THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name 19. Discrepancy Indication Space	Signature	nifest except	as noted in Item	19		10/1/1919
Reliew TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS INSTRUCTIONS OF THE BA	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name 19. Discrepancy Indication Space 20. Facility Opiner or Operator Certification of receipt of hazardous in	Signature Signature	Tufest except	as noted in Iter	119	e	Month Day V
O-12 The state of	17 Transporter 1 Acknowledgement of Receipt of Materials Printed / Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed / Typed Name 19. Discrepancy Indication Space	Signature Signature	nifest except	as noted in Iter	119		Month Day V
96) Previous editions are obsolete.	17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name 19. Discrepancy indication Space 20. Facility Opiner or Operator Certification of receipt of hazardous reprinted/Typed Name	Signature Signature	Ti.			and the same of th	Month Day

CALIFORNIA CALL 1-800-852-7550

CASE OF AN HALFINE MONTH OF SHILL CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802,

	UNIFORM HAZARDOUS	Generator's US EPA II			Manifest ocument No	2 P	age 1			ne shaded areas	
ł	WASTE MANIFEST 3 Generator's Name and Mailing Address	14 2 7 7 3 7 3	1 1 / 1 7			A Stat	e Manife	st Docume		.,	
	GEN1- INC. SICELLIS ST MT. VIEW CA 91043						37054339				
-	5/5 = 4415 3T 77- 4 Generator's Phone (415) 760-11		4743			B Stat	e Gener	ator's ID	EXE	MAT	
-	5 Transporter 1 Company Name	<i>y</i> - 3	US EDA	15 N		C 515		1 1 1	4		
		•		ID Number	4.3.75			orter's ID	300	02/00	
ŀ	7 Transporter 2 Company Name	8	US EPA	ID Number	13/1	E Stat	e Transp	oner's iD		286 5-10	
		1.1	1 1 1 1	1 1 1	1 1 1	F Tran	sporter's	s Phone	-		
	9 Designated Facility Name and Site Address このと グラフェ ごごえ ンパム		US EPA	ID Number			te Facilit		_		
	TOELDED CERTICA					<u></u>	ار السر abty's Pb	기 의 위	4 3	<u> 13110 </u>	
	John Tour 24 3.77		3 3 m m 17	79 4 3	4. 2. 1.		,		144	4	
Ì					12 Conta		13 7	Total .	14	1	
ļ	11 US DOT Description (Including Proper Ship			er)	No	Туре	Q1	uentity	Unit Wt/Vol	Waste No	
	"WH-TE CORKOLIVE	53414 160	Ş	•						State / 7	
1	CORROCIUS MAT	52 A- 4V	175	>	911	9,1	90	0/20	وز	EPA/Other	
-	6 22 ROSI 15 MAT		-							State	
•	*			,	J 1	,	1 1	1 1-		EPA/Other	
	С									State	
										EPA/Other	
-	d									State	
										<u></u>	
-					1 1	,	1.1	1.1		EPA/Other	
	J Additional Descriptions for Materials Listed	Above Jag - June :	8		/		aling Co	des for Wa	stes Lis	sted Above	
	A). SILICON DIOXIDE AND/OR TAMBETEN FLUC	المر ريادي ل مدوقم	מונק או מנק ב ממונים	J TUN	(1944) (1944) (1944)		99		7		
	AND AND THE STANDARD AND AND AND AND AND AND AND AND AND AN	18103, 2121601 -401216 HEI	טיייאא קט ט	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-07	С			d.		
	15 Special Handling Instructions and Addition						·				
					H	1	7-1	نث		-	
	GLOVES SOSIL.	ミューニャンテック	1A 3 K								
	GENERATOR'S CERTIFICATION: I her name and are classified, packed, mark international and national government re	ed, and labeled, and are									
	If I am a large quantity generator, I cer	tify that I have a program									
	determined to be economically practice me which minimizes the present and ful faith effort to minimize my waste general	ture threat to human hea	ith and the	environment,	OR if I am	a smai	li quantit	y generat	or I ha	ve made a good	
	Printed/Typed Name	die delect tile nest	·	acment mett	/ mai is a	-4,,4516	. (0 .116 6			Month Day Year	
,	RALPH ITANE!		Signature	1 -	t				1	11/1/1/19	
7	17 Transporter 1 Acknowledgement of Receip	ot of Materials		· · · /		14.2	16			17:7:1	
Ì	Printed/Typed Name	1 _	Signature	,	<u></u>			/		Month Day Year	
	James L-L	hR.		com to	2			1		のころと	
	18. Transporter 2 Acknowledgement of Receip Printed / Typed Name	A OI MATORIAIS	Signature							Month Day Year	
		•									
	19 Discrepancy Indication Space										
	•				, <u>-</u>			_	_		
					*						
	20. Facility Owner or Operator Certification of	receipt of hazardous mate	nais covered	by this manif	est except a	s noted	in item 1	9			
	Printed/Typed plame	J 6 -	Signature	Hart.		V.				Month Day Year	
	TOTO M	ICCH1)	<u> </u>	rue	u 1			<u>.</u>		PULTA	

Printed/Typed Name	Signature /	, Month Day Year
RALPH ITANEN		1/11/48
17 Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Şignature	Month Day Year
MARIO JOHNSON	-Marie	367 1/14/2657
18 Transporter 2 Acknowledgement of Receipt of Materials	•	
Printed/Typed Name	Signature	Month Day Year
· ·		
19 Discrepancy Indication Space		
		· ·
T .		

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed/Name Signature

Yellow ISDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

DHS 8022 A (1/87) EPA 8700-22 4

(Rev 9-86) Previous editions are obsolute.

T	UNIFORM HAZARDOUS	1 Generator's US EPA ID No	Manifest	2 Page 1	Information	a is the sheded see-
	- WASTE MANIFEST	CIAIDI 9 81/158/1974		of		on in the shaded area juired by Federal law
1	3 Generator's Name and Mailing Address		<u> </u>	A. State Man		
	GENUS TILL	NT. VIEW : A 9406 ?		87	<u> </u>	37
	4 Generator's Phone (115 960 - 11			B State Gen	erator's ID 2	Trans-
-	5 Transporter 1 Company Name	6 US EPA ID Numb	.00	C State Tran	7//	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				D. Transporte		16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
t	SOLISH SERVICE 7 Transporter 2 Company Name	8 US EPA ID Numb	er er	E. State Tran		LI Jarra
l		111111		F Transporte	r's Phone	
ſ	9 Designated Facility Name and Site Address	10 US EPA ID Numb	er	G State Fac	•	0
١	1021 BEKRYETEN 1			H Facility's		19143110
ļ	JA / J) = E CA 9513	27 102000534	3.41.2110	(408)	286-0	1446
t			12 Conta	iners 13	Total j	14]
	11 US DOT Description (Including Proper Shipp	-	No	Туре	Quantity	Unit Waste No Wt/Vot
	" WASTE CORROSIU	E SOLID NOS			1	State 13 /
	CORROCIVE MAT	-=31A1 112117-2	1,2	B.m	1/150	2 EPA/Other
1	ь	3.6.7.2			1/1919	State
	-		· - · · -			FOA (Other
						EPA/Other
-	c					State
1			١			EPA/Other
ł	d				1 1 1	State
١						CD4 (Other
			11		111	EPA/Other
	SILICON ANNOR SILA HYDROFLUORIC 15 Special Handling Instructions and Additional	9010	<u></u>	- ' '		
	,					
١		•		~~		
	Glows a = Ga	- 1 = 1				
		by destare that the contents of this consigning destare that the contents of this consigning the state of the contents of the consigning the state of the contents of the cont				
	If I am a large quantity generator, I certif	fy that I have a program in place to reduce t				
	me which minimizes the present and futi	ble and that I have selected the practicable ure threat to human health and the environm ion and select the best waste management r	eat, OR if I am	a small quar	tity generate	or I have made a good
Ì	Printed/Typed Name	Signature	1 1		·	Month Day
_	RALPH ITANEN	1/1/20		1		1013 19
-	17 Transporter 1 Acknowledgement of Receipt					Mark Car
١	Printed/Typed Name	Signature	Jan Jak	1-37	4214	Month Day Y
1	18 Transporter 2 Acknowledgement of Receipt	of Materials		~	<i>1. [1]</i>	1 1 5 1
	Printed/Typed Name	Signature				Month Day Y
		·L				
	,					
	19. Discrepancy Indication Space					
	19. Diacrepancy Indication Space					-
	Discrepancy Indication Space Facility Owner or Operator Cartification of response to the second se	ecept of hazardous materials covered by this n	nanifast except :	as noted in Item	n 19.	
		eceipt of hazardous materials covered by this n	nanifast except o	as noted in Hen	1 19.	. Month Day Y
	20 Facility Owner or Operator Certification of r		manifest except a	as noted in Item	1 19.	.Momth Day

UNIFORM HAZARDOUS	reporter SuscePA (D No. 17 8 Doc	Vianitest 2.P	, is not	tion in the sna required by	
WASTE MANIFEST Generator's Name and Mailing Address			1077	gument Nur	nber
5105 File St 14043		· ·	455595	-	
71+ (150) 64 14643 Generator's Phone (41- ,760-1120)	B.S	tate Generator's	978	2
Transponer 1 Company Name	6. US EPA ID NUM	per_ C.S	tate Transporter	s 10 7079	
Transporter 2 Company Name	d. US EPA ID Nun		ransporter's Phor tate Transporter'		670741
	1	[ransporter's Pho		
Designated Facility Name and Site Address	10. US čPA (D Nun		tate Facility's ID		
Savi Jose, Ca. 12133	CAD05949	4510 H.F	ecility's Phone ,	86-64	46
1. US DOT Description (Including Proper Shipping N	ame, Hazard Class, and ID Numbe	12.Container	Total	14 Unit V Wt∕Voli V	I. Vaste No.
10H2 = 11 10.0.	2				ا م م
	10.70	110	# 33	1010	221
white Flommable Ligo	10.0.5	10	,		000
Flammable liquid	UN 1993	110.	n = 55	0 0	×17
·					
-Additional Descriptions for Materials Listed AlWaste Machine Cit -Acetone Freon, Isopropy/2/1	conor, 3 1, 1, 1, Trichk	OIGETIMINE	9910	1107	
5. Special Handling Instructions and Additional :	ntermation ~		<u></u>		
GENERATOR'S CERTIFICATION: I nerecy decia above by proper shipping name and are classified,					·
transport by highway according to applicable inter			m proper conditio		Data
Printed/Typed Name	Signarure /	100		Mant	Date Pay Ya
RHLPH ITHUSI	Marine				1/2/0
7. Transporter 1 Acknowledgement of Receipt of Printed/Typed Name ### Wanzer	Signature	Mark		1831 10.4	Date n Day Ye
8. Transporter 2 Acknowledgement or Receipt of	Materials	Jugar.	1,4	031 0.1	Date
	Signature	<i>f</i>		Mont	h Day Ye
Printed/Typed Name					1.1.
Printed/Typed Name .					
Printed/Typed Name .					
Printed/Typed Name .	ipt of hazardous materials covere	d by this manife	est except as not	ed in	Date
Printed/Typed Name 9. Discrepancy indication Space 2. Facility Owner or Operator: Certification of received.	ipt of hazardous materials covere	d by this manife	est except as note	ed in	Date Yes

ease crint or type (Form designed for use on elite					
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.	Manitest Document No.	2. Page I		the snaded areas ed by Federal
3. Generator's Name and Mailing Addre	ess 3/	/ / - 11		Brutest Docume	nt Number .
GENUS INC			845	55358	
SIS ELLIS ST. MT.	VIEW CALIF 9	4043	B.State G	enerator's ID	
4 Generator's Phone (4/ -) 73	60-1170		CAU9	815819	78 -= 760
5 Transporter 1 Company Name		EPA ID Number			78 7079
Transporter 2 Company Name	10 4 3 0 s	7.494310	D.Transpor	ter's Phone 40	8)286.6446
7 Transporter 2 Company Name	a. US		1		
	<u> </u>			ter's Phone	
Jesignated Facility Name and Site A	Address 10. US	EPA ID Number	G.State Fa		710
3 Sesignated Facility Name and Site A			H.Facility's	157 4743	//
Ean Jose, Ca 9:13		2)474210	is.i acinty s		6-6446
		112 Cont		13. 14	1
11 US DOT Description (Including Proper S	Shipping Name, Hazard Class, a	nd ID Number/	1_	Total Unit	
" WASTE LORKDEIVE		110.	Type: C	lusinity VVV	Dood
1000 COLLEGE DECRUE	- 36/15 19:0.5.	,		- 1 -	-
	, = \(\alpha\), \(\beta\)	/	10.71	50 12	181
b					
		\			
			1 1		
c					İ
				ì	1
					!
d .			{	į	
			1	1	1
15. Special riangling Instructions and Ad			1	 	
-					
i6 GENERATOR'S CERTIFICATION: I ne above by proper shipping name and are of transport by highway according to applic	classified, packed, marked, and la	abeled, and are in a ll resp	ects in propi		Date
Printed/Typed Name	Signat	ure , , , ,			Month Day Yes
RALPH ITYLE	11.0	del Is			1041138
17 Transporter 1 Acknowledgement of	Receipt of Materials		1		Date
Printed/Typed Name	Signati	WATE OF	16		Month Day Yes
KODETT H. WAYZ	01	THE WILL	SELL	12821	104/13/3
18. Transporter 2 Acknowledgement or		1	<u> </u>		Date
Printed/Typed Name	Signat	аге		•	Month Day Yes
19 Discrepancy Industries Service	V) 29	The state of the s			
19. Discrepancy Indication Space					•
1					•
		<u> </u>			
20. Facility Owner or Operator: Certification 19.	on of receipt of hazardous mate	erials covered by this m	anifest exce	ept as noted in	
	1 e	ura /			Month Day Ye
Printed Typea Name	Signat	Jak -	ν	-4	Month Day Ye
1 / late knu	Share I	Rule	1	2	TUTI NOTO
The state of the s	State of California Commence	-12		建 电子的	""是是是
S 3022 A (7/84)	CENIC THIS CORY TO OT	MERATOR MITHIEL A	n nave -	- Land	- 2000 of 75
A 3700-22) Yellow: 15UF	SENDS THIS COPY TO GEN	NEXALUR WITHIN 3	D DAYS		19 79

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA	D No.	Manifest sument No.	2. Page 1 of	is not	require	e shaded area d by Federa
Generator's Name and Mailing Addr	ess			A_Stare_	Annuest Do	cument	Number
ひしゅい こうし		_		845	5535	4	
and the Electrical Alle	in and our	LA 7436	4 3		enerator's	-	
Generator's Phone (_		٠,				105=
Transporer 1 Company Name	6.	US EPA ID Nun	nber	C State 1	ransporter's	, ID	
	1	00 21710 11011			rter's Phor		<u> </u>
Transporter 2 Company Name		ÚS čPA ID Nun	2207	<u> </u>	ransporter's		
Transporter 2 Company Hame	J.		iiudi	L			
Designated Facility Name and Site	Address 10.			<u> </u>	rter's Phor		
Designated racinty Hame and Site	Address 10.	US EPA ID Nun	nber	G.State r	acility's ID		
		•		11 6			
	•			H.Facility	s rnone		-
				1			
. US DOT Description (Including Proper	Shipping Name, Hazard (Class, and ID Numbe	12.Conta		i 3. Total	14 Unit	J
			No.	Туре	Quantity	Wt/Val	Waste No.
and the second of the		~ /				1 1	
and the second s	, .		ì	1	_	1	۔ سر
) i		1	
			ł			1 1	
			1			1	
				1			
			3				
-						1	
Additional Descriptions for Materials	Listed Above			K.Handiir	ng Codes for	Wastes	Listed Above
Additional Descriptions for Materials	,			K.Handir	ag Codes for	Wastes	Listed Above
Additional Descriptions for Materials				K.Handlir	ng Codes for	Wastes	Listed Above
Additional Descriptions for Materials Special Handling Instructions and A	aditional information				. ^		Listed Above
Additional Descriptions for Materials Special Handling Instructions and A	additional information	tents of this consign	ment are ful	ly and accu	rately descr	ibed	Listed Above
Additional Descriptions for Materials Special Handling Instructions and A	aditional information ereby declare that the conclassified, packed, market	tents of this consign	ment are fui re in all resp	ly and accu	rately descr	ibed	
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihi above by proper shipping name and are transport by highway according to applic	aditional information ereby declare that the conclassified, packed, market	tents of this consign d, and labeled, and a ational government	ment are fui re in all resp	ly and accu	rately descr	ibed n for	Date
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli	additional information ereby declare that the con- classified, packed, market icable international and n	tents of this consign	ment are fui re in all resp	ly and accu	rately descr	ibed n for	Date Aonth Day
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli	additional information ereby declare that the conclassified, packed, marketicable international and n	tents of this consign d, and labeled, and a ational government	ment are fui re in all resp	ly and accu	rately descr	ibed n for	Date Aonth Day
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihi above by proper shipping name and are transport by highway according to appli	ereby declare that the conclassified, packed, market cable international and n	tents of this consign d, and labeled, and a ational government Signature	ment are fui re in all resp	ly and accu	rately descr	nbed n for	Date fonth Day 7 1 7 1
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli Printed Typed Name Transporter 1 Acknowledgement of Printed/Typed Name	ereby declare that the conclassified, packed, market cable international and n	tents of this consigni d, and labeled, and a ational government. Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	nbed n for	Date Aonth Day 7 7 Date Aonth Day
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to applic	ereby declare that the conclassified, packed, market cable international and n	tents of this consign d, and labeled, and a ational government Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	nbed n for	Date fonth Day 7 1 7 1
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihi above by proper shipping name and are transport by highway according to applic Printed Typed Name Transporter 1 Acknowledgement of Printed Typed Name	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government. Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	nbed n for	Date Aonth Day 7 7 Date Aonth Day
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihi above by proper shipping name and are transport by highway according to applic Printed Typed Name Transporter 1 Acknowledgement of Printed Typed Name	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government. Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	ibed n for	Date fonth Day 7 7 Date fonth Day
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihi above by proper shipping name and are transport by highway according to appli Printed Appl Name Transporter 1 Acknowledgement of Printed/Typed Name	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government: Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli Printed/Typed Name Transporter 1 Acknowledgement of Printed/Typed Name Transporter 2 Acknowledgement or Printed/Typed Name	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government: Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihi above by proper shipping name and are transport by highway according to applic Printed Appel Name Transporter 1 Acknowledgement of Printed Typed Name Transporter 2 Acknowledgement or	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government: Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli Printed/Typed Name Transporter 1 Acknowledgement of Printed/Typed Name Transporter 2 Acknowledgement or Printed/Typed Name	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government: Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli Printed/Typed Name Transporter 1 Acknowledgement of Printed/Typed Name Transporter 2 Acknowledgement or Printed/Typed Name	ereby declare that the conclassified, packed, marketicable international and n	tents of this consigni d, and labeled, and a ational government: Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately descr	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: In above by proper shipping name and are transport by highway according to appli Printed/Typed Name Transporter 1 Acknowledgement of Printed/Typed Name Transporter 2 Acknowledgement or Printed/Typed Name Discrepancy Indication Space	ereby declare that the conclassified, packed, market cable international and needing of Materials	tents of this consignid, and labeled, and a ational government. Signature Signature	ment are ful re in all resp al regulation	ly and accu ects in proj	rately describer condition	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihis above by proper shipping name and are transport by highway according to applic Printed Typed Name Transporter 1 Acknowledgement of Printed/Typed Name Transporter 2 Acknowledgement or Printed/Typed Name Discrepancy Indication Space	ereby declare that the conclassified, packed, marked cable international and not be compared to the control of Materials. Receipt of Materials.	tents of this consignid, and labeled, and a ational government. Signature Signature	ment are full respect to the second s	ly and accu ects in proj	rately describer condition	ibed n for	Date Aonth Day 7 7 Date Aonth Day Ao /
Additional Descriptions for Materials Special Handling Instructions and A GENERATOR'S CERTIFICATION: Ihis above by proper shipping name and are transport by highway according to applic Printed Typed Name Transporter 1 Acknowledgement of Printed/Typed Name Transporter 2 Acknowledgement or Printed/Typed Name Discrepancy Indication Space	ereby declare that the conclassified, packed, marked cable international and not be compared to the control of Materials. Receipt of Materials.	tents of this consignid, and labeled, and a ational government. Signature Signature Signature	ment are full respect to the second s	ly and accu ects in projects.	rately describer condition	ibed n for	Date fonth Day 7 7 7 Date fonth Day

HATARDOUS WASTE

DESPOSAL.

PROSES = REST 421-1817

SONTROLL

TONITAGE

TONI



PRICES FOR DISPOSAL OF HAZARDOUS WASTES EFFECTIVE 2/15/87

	CES FOR DISPOSAL OF HAZARDOUS WASTES	
	BULK LIQUIDS 500	GALLON MINIMUM
SOLVEN	BULK SOLVENT DISPOSAL PRICES ARE FOR INCINERATION (OR RECLAMATION
ACID A	AND CAUSTIC MATERIALS ACID WASTES LESS THAN 5% AND CAUSTICS WITHOUT RESTRICED META ACID WASTES LESS THAN 5% AND CAUSTICS WITH RESTRICED METALS ACID WASTE 5% TO 20%. ACID WASTE 5% TO 20% RESTRICED METALS GREATER THAN ALLOWED. ACID WASTE (GREATER THAN 20%). HYDROFLORIC ACID (EXTREMELY HAZARDOUS) 6% OR LESS. HYDROFLORIC ACID (EXTREMELY HAZARDOUS) 6% OR MORE.	GREATER THAN ALLOWED\$3.10/GAL\$2.41/GAL\$3.59/GAL\$3.59/GAL
CYANID	E SOLUTION CYANIDE SOLUTION (EXTREMELY HAZARDOUS) SX OR LESS CYANIDE SOLUTION (EXTREMELY HAZARDOUS) GREATER THAN SX	
	ER CHARGES DELIVERRY CHARGE PICKUP charge PLASTIC LINER. YARDAGE RATE(DRY) YARDAGE RATE(HET) TONNAGE RATE	\$199.99/HOUR .175.09 EACH \$249.99/YARD \$489.99/YARD \$249.89/TON
DRUM P	ICKUP MINIMUM CHARGE \$150.00	PER DRUM
	DRUM SOLVENT DIPOSAL PRICES FOR INCINERATION AND/CR	
SOLVEN	NON-CHLORINATED SOLVENTS	
	ACID LESS THAN SI AND CAUSTICS WITHOUT RESTRICED METALS GREATER ACID LESS THAN SI AND CAUSTICS WITH RESTRICED METALS GREATER ACID WASTE SI TO 202 ACID WASTE SI TO 202 WITH RESTRICED METALS. ACID WASTE (GREATER THAN 202). HYDROFLORIC ACID (EXTREMELY HAZARDOUS) & OR LESS. HYDROFLORIC ACID (EXTREMELY HAZARDOUS) & OR MORE.	THAN ALLOWED. \$207.00/ORUM \$213.00/ORUM \$275.00/ORUM \$273.00/ORUM \$297.00/ORUM \$233.00/ORUM
;Jilidli،	The second of th	

CYANIDE SOLUTION OR SOLIDS CYANIDE SOLUTION (EXTREMEL! HAZARDOUS)aust be solid
ARSENIC SOLUTION OR SOLIDS ARSENIC SOLUTIONS greater than 500 ppsaust be solid
CORROSSIVE SOLIDS DRUM SOLIDS
FLAMMABLE SOLIDSQUOTED UPON REQUEST
SOLVENTS 5/6AL 156AL 306AL NON-CHLORINATED SOLVENTS (chlorinated solvent less than 1000 pps)\$57.00 \$80.00 \$103.00
CHLORINATED SOLVENTS(chlorination greater than 1%)
ACID AND CAUSTIC MATERIALS ACID 45% AND CAUSTICS MITHOUT RESTRICED METALS; ALLOWED
LAB PACKS
LAB PACKS
MISCELL ANEOUS ITEMS \$13.00 EA GLOVES (SOLVENT RESITANCE) \$4.00 EA RUSSER 300TS \$25.00 EA SUSSELES (NON FOREING, ENCLOSED) \$3.00 EA SAFTEY GLASSES \$5.00 EA TYYEX SUIT \$5.00 EA ABSORBENT (50 POUND 3AGS) \$10.00 EA LIME (50 POUND 3AGS) \$10.00 EA OPEN TOP DRUM \$20.00 EA CLOSED TOP DRUM \$15.00 EA POL (DRUM \$15.50 EA RECOVERY ORUM \$15.50 EA POL (LINER FOR 55 GAL DRUMS \$10.00 EA

e same programme
	ING AND LABELING X ASSISTANCE	PER HO
LID ING	LAB PACK ASSISTANCE TECHNICAL	
	LAB PACK ASSISTANCE ORIVER AND TRUCK	
	LAB PACKING ASSISTANCE LABOR	
	EXTRA MAN	
	DRUM DISPOSAL	PER DE
METAL D		
	EMPTY 55 GALLON DRUMS	
	EMPTY 55 GALLON ORUMS WITH PLASTIC LINERS	
	EMPTY TO SALLON DRUMS	
PLASTIC	• •	
. 4	EMPTY 55 GALLON DRUMS	
	EMPTY TO GALLON ORUMS	
	EMPTY 5,10,15.20 GALLON DRUNS	
TESTIN	G OF HAZARDOUS WASTE	
	RESTRICTED METALS	
7	CHLORINATED LIQUIDS	, , , , , , , , , , , , , , , , , , ,
	CYANIDE TESTING	
	PHENOL TESTING	
TRUCK	TIME OR EMERGENCY CALL OUT CHARGES	
	TRANSPORT, TRAVEL. OR STAND-BY TIME	
	EMERGENCY CALL OUTS & MEEK-ENDS	4 HOUR MINIMUM PLUS ACTUAL
FEDERA	L, STATE. COUNTY WASTE FEES	
	STATE FEES (recycled flammable liquids only)	\$13.50 PER
	KINGS COUNTY	
	SANTA BARBARA COUNTY	
	FEDERAL MASTE FEES	



SOLVENT SERVICE, INC.

1021 Berryessa Road, San Jose, CA 95133 (408

(408) 286-6446

Certification 3 (Materials not Banned from Landfill)

certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste is not banned from the and disposal restrictions. I believe that the information I submitted is rue, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Autorized representative signature:	
rint or type name:	
Ditle:	
Date:	
ompany (Hauler) Name:	
Manifest Number:	

Recycling of Chemical Waste

TSD Facility

PURCHASE REQUISITION

									11 1	
515 Ellis Street Mountain View	PURCHASE F	REQUISITI	ON				IASING USE	ONLY 1		
California 94043 (415) 960–1120		N1 -	. 40	14.44		PURCHASE CABER	BATE	. bya €	ΰŧ	
CAT THE STATE OF T		No. =	→ 16	3141		No. 327026	1 454			100
<u> </u>	UISITIONERS U									لمار سند
PRIDATE REQUISITIONER	506 1352	DELIVER TO		1	INSPECTION REQ'D	VENDOR		tras.		
1.12.88 R. ITANEN 3	506 1352				YES - NO CERTS REQUIRED					Н
SOLVENT SERVIC	E			PHONE N	YES THO			3 · · · · · · · · · · · · · · · · · · ·		_
	ی	ILVA	(4)	08) 286					i,	
voies	and Mere	•		'1		CONFIRM TO	1	0/		
DISPOSAL OF HAZAR	UUUS WASIE					SHIP VIA]F	0.8.		-
						TERMS		; !` TAX	ARLE	4
		ı						YEB		
(30,000	,	•				SHIP TO	BUYE	A	小河	
FERGUSON	у.								- 1 1	_
TEN ALLE COMPLETE DESCRIPTION WELLINGS MANUFACTURE OF THE PROPERTY OF THE PROP	TURER CHARACTER TO ALL THE RESTRICT TO ALL THE		TO THE	BAFE BEEFE	K EXTENSION S	SECURIT PARCE	FENSION SELLS			¥
	1352			A TOTAL CONTRACTOR OF THE CONT	201.00	33.43		ij	域。	7
1 PICKUP SS GAL DRU	M OF /76/	OFH			150.00				21,51	\dashv
MACHINE OIL WAS	TE					,		, i	17 17	4
2 DELIVER SS GAL LIQ	م بیر	14	,		18.00			• 141 • 14.		
								1 1		1
DRUM										\dashv
3 PILKUP EMPTY FREE	ONCANS	FA	7	8.00	56.00	1				
SGAL.							'			
	,,				0 0 0 0			. 1.2	416	
Y TAX ON PICKUP ONL)				13/0	22.50			1	1	4
									Her c	
			ES	TIMATED TOTAL	27778	TOTAL				
NICE STREET, S						BUYER NOTES	_ _			1
REQUISITIONER	SUPERVISOR	DATE		ED SIGNATURE	DATE					
	J. Ellinger	ZAIL .	NOTIONIZ	LU SIGITATURE	DATE				15/4	
10/ 10-						The second secon		,	, id.	
	1					T .	•	11		1



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 408-286-6446

WORK ORDER

EPA #: Customer: CAP982041683 GENUS INC

Street: City:

200 FERGUSON DR MOUNTAIN VIEW, CA 74043

Choss St:

Contact:

RALFH ITAMEN

*Order Number: 17936 - 1

"Order Date: " 704/12/89 '

Customer PO : 32702' Schedule Date: 04/13/88

Telephone # 415-260-1120

Caller:

FALPH

-- Description of Work -----

SOLVENT NON-CHLOR. 55 GAL. EMPTY 5 GALLON METAL DRUM

EMPTY DOT 55 GAL. CT METAL DRUM

Quantity Complete

> 14.00 5.00 1.00

WITECK IT

Arrival Time: Departure Time:

PERFORMANCE: 1=LOW.10=HIGH

Appearance(1-10) _ Attitude (1-10)32

Iriver:

Safety (1-10)

Customer Signatus

SFECIAL INSTRUCTIONS



SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 (408) 286-6446

INVOICE NO.

T1793a

INVOICE

INVOICE DATE

94/10 88

HE .1 .1.6. JIJ ELLIE ST. MEUNTAIN MEL, CA PARKE 415 Pag .120

35, 05 7.0 290 459018011 090 MODERAN, MEN, NA PAGAS 240 1920 1.693

CREDIT TER	RMS: 21 19 NET 30 RO. NO. 32792L	MAN	IIFEST NO. 37)5494 <u>2</u>
CHANTTEY	DESCRIPTION	UNIT PRICE	AMQUNT	NOTES
1.30	SGLVENT CHESS. >1% 55 GAL. (G) - FLAMMABLE LIQUID	297.30	207.00	
5.00	SMPTY 5 GALLON METAL DRUM - SMPTM 5 GAL METAL DRUM	3.00	40.00	
1.00 1.30	EMPTY DOT 55 BAL. OT METAL DRUM - MEW + SALEB THX 7%	18.30	18.00 - 1.26	

5.00	EIGUID SMPTY 5 SALLON METAL DRUM - EMPTY 5 GAL METAL DRUM	3.00	40.00	
1.00	EMPTY DOT 55 BAL. OT METAL DRUM - NEW	18.00	18.00	ľ
1.30	* SALES TAX 7%	15.20	- 1.26	
1.00	HANDLE FEE		11.44	Ì
	THE PERSON DOCUMENT OF THE PERSON OF THE PER			
	Subtotal excluding taxes and handling fees = 265	.00		
			•	j
			:	
<u> </u>			-	
				į
1				ļ
			j	
		-		
				ł
	,			
				į
1	Y m Z m			
,	The state of the s			
	The second secon			** ** ** ***
1 (1)				a marine service of the service of t
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		ALGERT TO WELL THE THE PARTY OF	
. "			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			10000000000000000000000000000000000000	
م مادا	mailed: 20 APR 1288			2 2 2
	you for your business			
1 3				对于一种的

PLEASE PAY FROM THIS INVOICE

BALANCE DUE > >



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 408-286-6446

WORK ORDER

EPA ** CALPS153.979 BEHUS INC. Customers

Streeti 512 ELLIS ET.

Site MOUNTHIN VIEW, DA PAGAG

Indes St.

FALE - ITAKELL Cantact:

Order Number: 19533

Onder Date: 08/01/99 Ouscomer FG : 34200L

Schedule Date: 08/03/68

压油 拳士

Talabhona t 415 9s. 1120 RAILPH TANEN Callen

Inec. . ---- Tagorion of Wor. Quantity Camplets

SILID HAIRADOLD IT BAL. EMPTY DOT TO GAL. OT METAL DELA EMPTY DOT TO GAL. OT METAL DRUA + -WZAFDOUS WASTE LABBLE

1.00

1.00

Arrival Time:

Departure Times

PERFORMANCE: 1=LOW,10=HIGH

。記述 Appearance (1-10) を記述 等

SPECIAL INSTRUCTIONS Attitude (1-10)

Date Completed: OH-O

CUSTOMER COPY

515 Ellis Street Mountain View California 94043

PURCHASE REQUISITION

FOR PURCHASING USE ONLY

x'	PUHCH	ASE I	PHPFH		ļ

PUHCHASE ONDER	BATE	ÞAGE	벼							
40. 34222L										

(415) 960–1120	•	No -> 2/	1702		Lit . A. Tabler
attitus amount since		No. → 24	103	No. 342221	
GENUS FOR RE	QUISITIONERS	USE ONLY		110. 3/ <i>////</i>	
PR DATE REQUISITIONER 8 1.88 R. ITANEN	306 /35-/	DELIVER TO	INSPECTION REO'D	VENDOŘ	· · · · · · · · · · · · · · · · · · ·
SUGGESTED SUPPLIER SOLVENT SERVI	LÉ		CERTS REOUIRED		
		(4	(08) 386.6446		in Allen
DISPOSAL OF HAZAI	RDOUS WAST	-E		CONFIRM TO	DATE
				SHIP VIA	F O.B
4				SHIP TO	TAXABLE ,
				Shir IO	BUYER

No.	COMPLETE DESCRIPTION INCLUDING MANUFACTURERS NAME & NUMBER	JOB. NO ACCT, NO	V/W		HEUUINED.	EST IV	EXTENSION	Unit Phice	EXTENSION .	DELIVERY DATE
1	PICKUP SS GAL DRUM OF	1351/10	u	/			150.00			i y le di i y i y i y i y i y i y i y i y i y
	SOLID HAZARDOUS WASTE									
2	DELIVER OPEN TOP DOT		en	_/_			20.00			,
	Dr-um									M ,*
3	DELIVER SS GAL LIQUID PRUM!		sa	/			18.00			1.5-11
										<i>y</i>
4	TAX ON PICKUP ONLY					15%	22.50			
5	HAZARDOUS LABELS		ea	4		1.00	6.00			10° 10°
	•				ESTIMAT TOTAL	ED	216.50	TOTAL DIVERNITES		

	A PARENTE	V. SHA A	THE SHOP THE PARTY OF THE	
REQUISITIONER	SUPERVISOR	DATE	AUTHORIZED SIGNATURE	DATE
Soft ter		1		

BUYER NOTES

Mountain View California 94043

PURCHASE REQUISITION

EOD	DUDCHACING	HOE	ONLY
LOH	PURCHASING	USE	: JINE T

Call	Intain View Iornia 94043 5) 960-1120			No	_	1814	n		PURCHASE ORDER	DATE	PAGE	t	1
CEN II IC	FOR	REQUISITI	ONERS I		-	1014	U		No. 327011				
PR DATE REQUISITI	ONER	EXT DE	PT	DELIVER		-	1	NSPECTION REQ D	VENDOR			i.	+
SUGGESTED SUPPLIER	TANEN	306/	35/			 		YES NO				-	+
SOLVEI	VT SER	VILE					PHONE NO				<u> </u>	-	+
NOTES			ے	ILVA		(408)	286-	-6446	CONFIRM TO			hrE	╀
PISPOSAL	OF HA	ZARDOU.	S WAST	E					SHIP VIA		F.O B	<u> </u>	_
											14		
				. !					TERMS		YES	ABLE SIL	
				• '					SHIP TO	BUY	EA		
TOTAL AND SECURITARIAN DESCRIPTION OF SECURITARIAN DESCRIPTION	rate San maj dana	en i in libé de entre la la SAS				61 AG PR 1816	Su Letter	e	SHIP TO THE PARTY OF THE PARTY		This Mort		
)		भू प्रिमान का प्राप्त है है जा है। अस्त्री की किस्तु के किस्तु के किस्तु के किस्तु के किस्तु के किस्तु के किस्		7 - 1 	- Y	भावग्राम्बर्	A SOLITAN	TEVIEWEION #	Unit de la company	Mark-long 1			
1 PICKUP	55 GAL	Drum of	F 135/76	10 en	1	4-1388		150.00					<u> </u>
SOLIO IXA	ZARDOU	S WASTE							• '				
2 DELIVER	OFENTOP	DOT DRU	M	رحمو				20.00			- 1	1	
3 TAX ON	PIUKUP .	ONLY					15%	22.50			ì , i	:	
												 	
											1.1		
											11		Ī
					+					· i	11	1:1	Ī
					<u> </u>	ESTIMAT TOTAL	ED	174.50	TOTAL		<u> </u>	-	
	An the Creation		Haraohra	Valyasi					BUYER NOTES	J		 	Ī
REQUISITIONER		SUPERVISO	والمصمدسة الآسسانية الدا	DATE		THORIZED SIGN		DATE		; ;	,	ļ, i	
17 4	-			1				1	1	,	•	`	•



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 408-286-6446

WORK ORDER

EPA #: Customer: Street: City: Cross St:	CADDELERISTS GENUS INC. 515 ELLIS ST. MOUNTAIN VIEW, CA S	Custo 74043 Sched EH #		L
Contact:	RALPH ITANEN	Call		
	34	At Ilan	Ch	eck if
SOLID CORRO	GENNIS THE. 13 ENNIS THE. 13 IVE 55 GAL. 15 15 GAL. 15 15 GAL. 15 15 GAL.		1.00 1.00 1.00	mprece
870.	57741	•		
		t	-	
	Re	emarks		
,				
	Superior Control of the Control of t	•		
والمراقة وال	70g.			
	SPECIAL	L INSTRUCTIONS	Armival Jime: Departure Time: PERFORMANCE: 1= Appearance(1 Attitude (1	-10)
	An engineering again age over some age of the second age of the second age of the second age of the second age of the second age of the second age of the se	The second secon	Safety (1	10)
Date Compl	eted: 04-13-88	The state of the s	Privar: Bruce	Un.
Manifest #	: 87054941	Customer Sign	nature:	

CUSTOMER COPY



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 (408) 286-6446 INVOICE NO.

71793

INVOICE

INVOICE DATE

0+ 13. EE

53 35 03 10 20 6 515 5113 6T. MOSAT-IN NISH

115 314.3 5 . MODATHUN 1154, CH 94343 415 7:0 1113 ω±-⊩ ⊢o

351756 1710 518 ELLIS 37. 73UNTALN 315.. DA 74848 546751531773

CREDIT TERMS:

Z: 10 NET 30

P.O. NO.

32.701L

MANIFEST NO.

97354941

		<u> </u>		
CILLANTITY	DESCRIPTION	UNITPRICE	AMOUNT	NOTES
1.00 1.00 1.00 1.00	BOLIC TORPOSIVE B5 BAL COMPOSIVE BOLIC EMPTY DOT S5 BAL. OT METAL DRIM - NEW * SALES TAK 7% MANDLE FEE	:50.02 20.J0	150.00 20.00 1.40 30.30	
	Subtota: axeleding taxas and handling hear =	:73.00		
:				
	•	-		
				ý v
Cate	nailed: 20 APR 1988			
i yani	you for your business.			

PLEASE PAY FROM THIS INVOICE

BALANCE DUE > >

202520

REMITTANCE

515 Ellis Street Mountain Viow California 94043 (415) 960-1120

PURCHASE REQUISITION

FOR REQUISITIONERS USE ONLY

JOOY

FOR PURCHASING USE ONLY

;;	PUHCHASE BHBER	BATE .	Pype pe
No	31083J	f. '	

No.	→	2	1	7	6	2
No.	-	2	1	71	6	2

PR	, DATE	REQUISITIONER	EXT.	DEPT	DELIV	R TO		1	ISPECTION REO'D	VENDOR		
1-1-	5-88	RALPHIT	ANEN 306	1551					YES DO NO			4.64.64
SUGGI	ESTED SUP	PPLIER							YES AND			
	<u> </u>	OLVENT -	SERVICE	grap partition and the construction of the con				PHONE NO				11. 18 18 18 18 18 18 18 18 18 18 18 18 18
NOTES						((408)	286-	6446	CONFIRM TO		manual manual
										CONFIRM TO		DATE HA
2	ים בוני	OSAL OF,	HAZARDO	us Was	TE					SHIP VIA		F.O.B.
										TERMS		TAXABLE
				•						SHIP TO	l pi	UYER UND
										Jan. 10	["	UYER INCINE
13111			Consideration for Great Conference on the Confer	Accupate	SINCAPI E			is Militae				Sea Districted
N8.	사람()	MPLETE DESCRIPTION INC. NAME A NI	DHAN MANUFACTURER S			البنواله		4-051	EXTENSION	UNIT PRICE	Extension	BELIVERY BATE
/	RICI	LUP 55 136	ILDRUMY O	F 1351	10 E1	, ,	1-1788		150 00			A Men
		_	DAUS WAST		,					•	; .	
												1.4000000000000000000000000000000000000
2	PICIS	UP 55 61	AL PAUM a	77		/			150.00			
	1100	110 SOLVE	NT WAST	E	_			ļ		1		The Carlo
3	DELI	VER OPEN	TOP DOT DE	Lum		/			20.00	,		The could de
- 1			SOLVENT DI			,			18.00		,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
اء			FTY METAL C.			_3		5.00	24.00			1.特益技术
						12						1 1 1 1 1 1
6 /	PICICU	T 3 GAL EM	PTY PLASTIC	CAN			FOTHER	8.00	16.00			
						·	ESTIMAT TOTAL		37800	TOTAL		G Act
N. S.	18 BEST 18		RAYER PARKET	a H tag D stra	Value	el Mari	AR MARINET	inestrum H		BUYER NOTES		16.3 to 15.1
	**********	UISITIONER	SUPERVI	The state of the s	DATE		HORIZED SIGN		DAIE			
/	11	70										$\frac{r + x^2}{r}$



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 408-286-6446

WORK ORDER

040791551578 Urder Mumber: 15516 SENUS INC. lus temens Order Tate. C1/13/38 FIS ELLIS ET. Straec: Gustomer PD : 31080 TOURTHINGEN, IA PACAI Schedula Date: 01/19/89 inder abit Telebrone + 415 950 1120 Dontset: Appro- ITANEN FALEH

Description of Work,	Quantoty	lnac' i- lomo: eta
BOLID COFFORINE OF BAL.	1.20	: 1
FOL EMT YOU HORLORY SE GAL. EMATY DOT SE SHLY OT METAL OFFUM	1.00	14.
- 함께는 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한 한	[130]	1 september 1

----- Remar's ------

Arrival Time: 9:33 Departure Time: 6:10 PERFORMANCE: 1=LJW.1C=FIGH

Appearance(1-10)

SPECIAL INSTRUCTIONS Attitude (1-10)

Safety 41-10) 1

Date Completed: 1/19/88

while to

"anifest #: 87054939

CUSTOMER COPY



CREDIT TERMS:

SOLVENT SERVICE CO., INC.

1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 (408) 286-6446 INVOICE NO.

71:5:

INVOICE

P.O. NO.

INVOICE DATE

87954746

31, 19 3

38 N.S. 1140. 5.5 SL113 ST. MCDUTHIN TEX. DA 243.0 415 PST 1110

2: 13 HE 30

MANIFEST NO.

LIANTTTY	DESCRIPTIONS	UNIT PRICE	AMOUNT	NOTES
1.00	BOLIVENT NON-CHLOR. 55 BAL FLYMMABLE LIQUID HANDLE FEE	:50,30	150.00 11.44	
	Subtoral excluding taxes and handling fees = 15	0.33		
			-	
	•			
	1351-761 X			
		,		
	•			
23.4				
		and the second		
- 31.2				
	mailed: 29 JAN 1938			
马基果	PLEASE PAY FROM	MARKET SERVICE	BALANCE	

THIS INVOICE

DUE > > !

PURCHASE REQUISITION FOR PURCHASING USE 15 Ellis Street Mountain View FURCHASE OHDER California 94043 DATE (415) 960-1120 . No. → 21757 No. 3/087J FOR REQUISITIONERS USE ONLY DELIVER TO. INSPECTION REQ'D REQUISITIONER DEPT 1-15-48 RALPH ITANEN 1351 306 YES NO SUGGESTED SUPPLIER YES HO SOLVENT SERVICE PHONE NO AHONDA (408) 286.6446 CONFIRM TO REDUIRED BY DISPOSAL CO. TERMS SHIP TO BUYER NIE 9610 WHITE HNALYSIS 1334.00

ro ExCEED

TOTAL

ESTIMATED

TOTAL

REQUISITIONER SUPERVISOR DATE AUTHORIZED SIGNATURE DATE

1/21/88 1/18



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 (408) 286-6446

INVOICE NO.

71775

INVOICE

INVOICE DATE

J. 11 9.

10 5 . 1.

515 522 5 57

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

523 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

525 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

515 523.3 17.

CREDIT TERMS: 21 18 NET 18 PO. NO. 3153TJ MANIFEST NO.

	316.21	* 년		
CHANTITY	DESCRIPTION	UNITERRICE	AMOUNT	NOTES
	PPOFILE SHEET PROCESSING FEES LAB ANALYSIS CHARGES	•	25.00 670°.50	
		2.1.		
	ر ر میم دند.	Wal.	135,7	loic
			(1335)	
				·- ", "-,
Thank	mailed: 04 AFR 1988 xeu für your business PLEASE PAY FROM		BALANCE	079.50

THIS INVOICE.

REMITTANCE

DUE ► ► ►



515 Ellis Street Mountain View California 94043 (415) 960-1120

No.

FOR PURCHASING USE ONLY

C
Ŧ
2
┖
7
=
٠
U
П
7
=
П
£
C
Ξ
"
×
_
_
C
=
4

the state of the s		9	, , ,					
		ーズ×ハ・ハフソハ	- × C × -					
		/ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
時には一般などのでは、		PHONE NO						•
		LLI YES TALNO				12	JOLVENI JEINIUE	705
1000円の大学に変換する		크 크				1	110000	1
The state of the s		CERTS REQUIRED					PPLIER	GGESTED SUPPLIER
	Γ	L YES -EN NO		-	135 /	506	9718/6(HIPN ITANEN SOC 1351	18/60
]	\	<u> </u>		,	4	
VENDOR TO THE PROPERTY OF THE	VEND	INSPECTION REQ'D		DELIVER TO	DEPT	EXT. DEPT	P.A. DATE REQUISITIONER	P.R. DATE
				OF OME	FOR REGUISITIONERS OSE ONL	בעטוסו		
り、一次の意味であ	Γ	•			TIONEDO II			ノーフ
No、Wooクイイ	<u>Z</u>							
			NO. 14/2	200			^	
			֝֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	_				

KAP HAZARDOUS WASTE UPMA;

_		L	L		<u> </u>									
	1.2			S HOW HIND.	SHIP TO	TEHM8	SHIP VIA 1,5,	CONFIRM TO	, , ,		VENDOR	No. 3004.	PUHCHASE OR	FOR
V 100 100	山北 岭湖(为县)。	· · · · · · · · · · · · · · · · · · ·	A STATE OF S	· EXTENSION "	And Miles Control	事的 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	· 阿尔克克·	4.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	學的學	· 指脚 (網 高)		とは、	OHDEH DATE	FOR PURCHASING USE
AND THE PERSON OF THE PERSON O			Physical Property of the Control of	± beLive#y			100		会 计		HAT THE RESERVE		PAGE OF	ONLY

	-	٠.٠		-	7.3	W.	· 李	2		ŠĖ.
REQUISITIONER A SUPERVISOR DATE					TAX ON PICKUP ONLY	HAZARDONS WASTE LABELS	WASTE	2 PICKAP SSGAL MACHINE OIL	PICICAP HAZARDONS WASTE	COMPLETE DESCRIPTION INCLUDING MANUFACTURER 3 JUB NO.
 6 V									1351	JUB NO / NO.
 DATE						م		j	E	U/N
						ري		/	/	844
S AUTHORIZED SIGNATURE	ESTIMATED TOTAL							14	10-2387150.10	HEBUIHEB
ATURE	V		;	`	150%	1,00		15800	150.10	EBST/
DATE	348-08				45.00	3, 00		150.00	150.00	EXPENSION
				—	-				ـــــا	_

	5				o			0)	
BUYER NOTES	TOTAL	-	,		-			1 %	,	ANH PAIRE
	1	1000年代の100日の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本	TO STORY OF THE PARTY OF	等的是的機能	11000000000000000000000000000000000000	The section of	是此時也	相等	TOWNERS OF THE PERSON NAMED IN COLUMN NAMED IN	EXTENSION "
										± bELÍVERY ∵ DÁTE



1040 COMMERCIAL STREET, SUITE NO. 101 - SAN JOSE, CA 95112 408-286-6446

WORK ORDER

EPA #: Customer: CAD981581978 GENUS INC. 515 ELLIS ST.

Street: City: Cross St:

MOUNTAIN VIEW, CA 94043

Contact:

RALPH ITANEN

Order Number:

13367 Urder Data:

10721787

Customer PO : 30042L Schedule Date: 10/28/87

EH #:

Telephone # Caller:

415 960 1120

RAL2H

---- Description of Work

SOLID CORROSIVE 55 GAL. SCLIENT NON-CHLOR. 55 GAL. * HAZARDOUS WASTE LABELS

Check 1f Quantity Complete

> 1.00 1.00 3.00

Arrival Time:

Departure Time: _ PERFORMANCE: 1=LCW,10=HIGH

Appearance(1-10)

INSTRUCTIONS 🍇 Attitude (1-10)

Date Completed:



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 (408) 286-6446

INVOICE NO.

7:5:57

INVOICE

INVOICE DATE

10, 25, 31

:= \: : :. 5.5 ELLIS 57. 1957-01 /Ev. DA 94640 4.5 Pad 1129

38:40 MG. 515 ELL13 37. "CLATAI" "YTEW, CA 94546 2429315.1973

CREDIT TERMS:

21. 13 NET 39

P.O. NO.

300 12L

MANIFEST NO.

37051933

DAMEEA	DESCRIPTION	54 A	UNIT PRICE	AMOUNT	NOTES 5
1.35 3.35 1.00 1.00	ROLID CORROSINE SE SAL CORPOSITE SOLVENT NOTH-CHLOR. ES SAL FLATMA + HAZARDOUS WASTE LABELS - NEW + SALES THIN TO HANDLE FEE		150.30 150.30 0.25	150,400 150.00 0.75 0.05 42.24	12/2
	Subtoral excluding taxes and hand()	ng fees =	300.75		
		î., =	35755		
		· to pe		Lile 11 c	MARKE
	. •	· 19.	in all in	y per y	7
e e e e e e e e e e e e e e e e e e e				• .	
1	nailed: 03 NOV 1987				47.5
Fig. Sign	The second secon	The state of the s		STATE SIX	343.0

THIS INVOICE

REMITTANCE

DUE - -

515 Ellis Street Mountain View California 94043 (415) 960-1120

PURCHASE REQUISITION

FOR PURCHASING USE ONLY FURCHASE ORDER OF DATE PAGE OF

A 1	_	4	\cap	~	7	\mathbf{a}
NO.	-	T	ช	J	7	8

1171				No.	-	1837	8		W- 40.0		11.40	"精神"
	FNUS	FOR REQUISITION	NERS USE	ONL	.Υ				No. 29/9	OL "	F, 6 '-15	1 12 12 Sept 1
P	R DATE REQUISITIONER	ETANEN 306 1	Ť [i	DELIVER				SPECTION REG D	VENDOR	,		
บัติ	GESTED SUPPLIER	ERVICE CO.	/			·······		YES - TNO ERTS REQUIRED YES - TNO		,	(£\$\frac{1}{2}\frac{1}{2}	
	3-20211 = 2					408)	PHONE NO	6446		w	,	· · · · · · · · · · · · · · · · · · ·
	ES	_			-				CONFIRM TO	,	, 2	DATE
	HAZAROOU	S WASTE DI	SPOSAL	•			•		SHIP VIA	,	', F	OB.
									TERMS		, ; , ;	TAXABLE TAXABLE TAXABLE TAXABLE
									SHIP TO		BUYE	A CONTRACTOR
	He EGMPLETE BESCAIR TO	THE LUCING MANUFACTURER 4	188 18	the	a of the	HEOU HEE	光 显示	A FUELDINE	UNIT FAICE	EXTENSIO		DELIVERY
eil. I	PICKUP SOL	10 WASTE	135 1/616	sec.	7	8687	/50.uv	300.00		in Chance to a take a financial		A PARTY AND A
	DELIVER EI		76,0	·er-	2-		2000	4000		.,		
****	TOP DOT	ORM								: ,	- 77	
<u> </u>	HATALOOUS	JASTE LABELS		se	4		1.00	4.00		· **	***	
	TAX ON PICK						15%	45.00		7 B 1	121 y	HANNEY WAY
										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
										3 7 .	·.,	and the state of t
										- , -	-	
						ESTIMAT TOTAL	ED	389 00	TOTAL			The state of the s
		SHAPAN PAR BACK	MAKE BIR VIVE	V.Vete	Lens			一种的	BUYER NOTES		,	1
	REQUISITIONER	SUPERVISOR	-1)	TE	AUTH	HORIZED SIGN	IATURE	DATE	,	•	a.	
/		< <u>_</u>	W, 81]			1,1

SOLVENT SERVICE CO., INC. 1021 BERRYESSA ROAD



EPA #:

Customer:

CAX000070052

GENUS

1021 BERRYESSA ROAD SAN JOSE, CA 95133 (408) 286-6446

#707917

~08/05/87

Turder Number: 14314

Order Date:

WORK ORDER

	Street: City: Cross St:	515 ELLIS MOUNTAIN VIEW, CA				
	Contact:	RALPH ITANEN		Caller:	RALPH	-
	Os	escription of Work -		Quant	Check if ity Complete	
	* HAZAKDOL	1 20% 55 GAL. 15 MASTE LABELS / C. 55 GAL. OT METAL DRI	um .	4	1.00 . _ -00 _ -00 _	
		•	·	408.286	-6445	_
						•
	ه ما م	,	~			المراج ويعلم
-			Remarks	· · · · · · · · · · · · · · · · · · ·		and along sound sound
-						orno Anno arazo 1600.
						rega anni yere delli
		Die mille man diele dass dem stem som som som mile mile som	anti anti altri altri cani dan altri anti anti anti anti anti anti	Arrival	Time:	
		SPEC	IAL INSTRUCT	PERFORMA Appea IONS Attit	PANCE: 1=LOW,10= arance(1-10) cude (1-10)	HIGH —
i	•	alika	. ,	——— Safet	(1-10) <u> </u>	-
	inste Compl	CON CUCY	.	Driver:	711)	
	inifest		Customer	Signature:	20%	
			CUSTOMER COPY			*

515 Ellis Street Mountain View California 94013 (415) 960-1120

PURCHASE REQUISITION

FOR PURCHASING USE ONLY

		BUHCHASE ORBER	DATE 1	PAGÉ
No. → 1720	16	No.	,	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1

									No.	,	1998年 期間
GEINUS			IONERS US			· · · · · · · · · · · · · · · · · · ·					
P A DATE REQUISITION		1	DEPT	DELIVER	10.			NSPECTION REO'D	VENDOR		A STATE OF THE STA
Y-8-87 RALP	H ITANEN	306	131/	<u> </u>				YES NO			
	NT SERV							J YES TO NO			Frankling in
						C ()	PHONE NO)			र १५ ६५ हुई सुन ्या स्ट्रिक्ट स्
NOTES				<u>-5</u> y	ILVIT	(408)	286-	6446	CONFIRM TO		DATE
HAZARO	OUS WASTE	Olsp	03276					Ì			
		•							SHIP VIA		FOB.
CAO 9 USIDA EO	81551	976							TERMS		TAXABLE
USIDA TO	· · / -} .Z.										YES NO
- 11 50	77								SHIP TO	В	UYER
									L	<u></u>	
no complete besc	HIE FISH THELLISIVE MANT	PACPURER 9 A	of delivery	W W	Y.M.	() 以是神	N. L.	EXTENSION S	THE PHICE	EXPENSION	BATE
He day the state of the state o	A transfer of the state of the		13-57		THE PARTY OF	HEQUIRED	COSI/U	A STATE OF THE STATE OF	Marie of the Headed a rais.	a disease time give his parties	Annual Property of
1 PICKUP	SOLIO WA.	STĒ	/3-	L		4-13.87	<u> </u>	150.00	1		, , , , , , , , , , , , , , , , , , ,
			1351			,,		207.00	-		3. 1. 16. 1
2	FLANT "		1352	- EA		9		207.00	<u> </u>		191 J. H.
3 " MAC,	HINE OIL	"	/30	EA		"		150.00		}	• []
		•					15%	76.05			
TAX	,, ,,,				 	 	13/0	1 1		<u> </u>	1278102
7 / /								4, 4, 1)_		,	
				-	ł						भूतिक विकास
								1		 	
											17.
											,
					L	ESTIMAT	ED N	1 (1)			
						TOTAL		38305	TOTAL		,
		Transless Courts		illian A colde	7 Dr				BUYER NOTES		
REQUISITIONER	A STATE OF THE REAL PROPERTY.	SUPERVIS		ALM - WANTED		HORIZED SIGN			}		·- 4.4
nequisitioner -		SUPERVIS	(-)	-	AU	HOMIZED SIGN	MIUHE	DATE			
1101-1	7/->		14	18 1	-						ŀ
1-5-3/			- 71 . I'	/ V				1 1			:



1021 BERRYESSA ROAD SAN JOSE, CA 95133 (408) 286-6446



WORK ORDER

EF4 4:

0.00000070050

Customer:

GENUS

Street:

ELLIS ELLIS

MOUNTAIN VIEW, CA 91043

Chada St:

Contains

FALRY ITANEN

Order Number: 12821

Graer Bace:

04709, 37

Customer PO: NEED 5 47773

Schedule Date: 04/13/87

, NEED

Telephone F

7 415 760 1120

Caller:

ALPH

Chec: if Cuantity Complete

---- Dasiniption of Wor: -----

CHLORINATED ECLVENT 11% 55 BAL.

Hazyravs Waste

1.00

SPECIAL INSTRUCTIONS

PLEASE TAKE 3 HAZ LABELS

Date Completed: 4-13-87



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPAID NUMBER	BD2	CAP981581976	TP 1 NO.	The state of the s
		CLHUS INC 1225 S SHAMPOCK AVE	J	
		WOOMININ ALLA	æ. A	94043
INSTALLATION ADDRESS		and the many of the same of the same of	4	
INSTALLATION ADDRESS	3 00	515 FELIS ST		,
		THE TOTAL STEEL	<i>()</i>	94040
	'	*		1

EPA Form 8700-12A (4-80)

515 Ellis Street Mountain View California 94043 (415) 960-1120

PURCHAS : REQUISITION

No. → 16757

FOF	URCHASING	USE	CNE	1

	FURLHASE P	ER	DATE TO	PAGE	ÓF 🖫
No.	¥ 261	125	1 *	179	<u>.</u> .

FOR REQUISITIONERS USE ONLY	No. 🚜	1981
P.R. DATE REQUISITIONER EXT DEPT DELIVER TO INSPECTION REQ'D	VENDOR	ية بالمراجعة المراجعة
122-87 RAIPH ITANEN 316 1351 DYES DINO		
SUGGESTED SUPPLIER CERTS REQUIRED		ا يون ها د
SOLVENT SERVICE UYES ENO		
50NDRA (408) 28:-6446		17 の 大野雄士
NOTES	CONFIRM TO	DATE
DELIVERY OF EMPTY HAZARDOUS WASTE DRUMS		'
		·
THE WASTE DICUMS	SHIP VIA	F.O B. 19 1 1 1
THE WASTE DILLING	SHIP VIA	F.O B. STANBLE
WASTE DILUMS		
THE WASTE DILLING		TAXABLE

HEM BOMBLETE !	ESCHIPTION INCLUSING MAR	TUFACTURER S	Job. No./ Acct. No.	UIM	BAR.	HEOUIHEB	bost /U	EXTENSION	· Unit Miles	EXTENSION	DELIVERY DATE
1 OPEN.	TUP DUT I	ORUM	1351	ea	,	ASAP		20.00			ļ <i>i</i> .
2 FLAMA	CLE KIGUIL	DRIMM	, '	ia	1			1800		1	1 2
										,	
	<u></u>					, , , , , , , , , , , , , , , , , , ,			***************************************		The state of the s
							-			(100
			-								1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
											MANUTA TO THE STATE OF THE
	***************************************										A the grant
					I	ESTIMAT TOTAL	ED).	34.00	TOTAL		24.6
REQUISITION	A and	P P F		DATE		IORIZED SIGN		DATE	BUYER NOTES		, , , , , , , , , , , , , , , , , , ,
1.11-1			_								



1040 COMMERCIAL STREET, SUITE NO. 101 SAN JOSE, CA 95112 (408) 286-6446 INVOICE NO.

Tiesi

INVOICE

INVOICE DATE

11 ::

PLEASE PAY FROM

THIS INVOICE

08.60 0 615 ELLIS ET. MOUTHAN DEVA DE 1943 14070 FIS

CREDIT TERMS:		PO
OTTEDIT TETTIONS.	21 13 AET 33 3	ı .U.

P.O. NO.

91998 THE MANIFEST NO.

97084929

			•		
LARTERY?	翻译的一次数字数 201 DESCRIPT	ONE CARROLL STREET	UNIT PRICE	AMOUNT	NOTES
	300.0 0089030 E 33 340 008 EARTY OUT 35 340. OT METHO OR EARTY OUT 35 340. OT METAL OR + 340E3 TAX TX -4400E 753		.30.31 20.30 18.39	v .50.00 20.00 18.00 20.00	TAXABL
	Subtotal excluding laxes and	handiing feas =	188.00		
	1-2537 13	51-7010			
	railed: 21 JAN 1998				

REMITTANCE

BALANCE.

DUE > >

221.46



515 cms Street Mountain View California 94043 (415)960-1120

COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER

HAULING COST FOR

DIATO MATICUS ENIGTH

DRUMS-3 BAGS

HAZARDEUS WASTE

PURCHASE REQUISITION

NO.→ 1137

DATE

REQUIRED

EST

COST/U

EXTENSION

	DEO	HOITH	ANEDO	Het	ONLY	
F()K	RECH	UISHI	ONERS	USE	UNLT	

PR DATE	REQUISITIONER.	EXT	DEPT	DELIVER TO		INSPECTI	ON REO D
7/18/8	FEQUISITIONER. 4 J. SOLINSKI	306	1351	PICKUP	515 ELLIS) YES	□no
SUGGESTED	SUPPLIER			<u></u>		CERTS A	QUIRED
						YES	□ NO
					PHONE 105	.286.	-644
NOTES.	SOLVENT				CONNIE	,	
	1071 BER. 5AN JUSE,	1555	H RD				
	SAN JUSE,	CAL	95733		11/1/2/2/		
	EPA- CAD-C	col	94210		1/14/84		
	EMT LINDE	-177	11010		37		

JOB NO /

1361 760

ACCT NO

U/M

QTY

١	1 22		The state of the same
1	TERMS	20 香港 1000	
1		一	A CONTRACTOR OF THE PARTY OF TH
1	1 7 6 / L No.	232	
1	CUID TO	AUTOMORPH SOME BUILD	17 77247
1	STIE 10	am つ 、 個分 MSE(11 4日3分 かかしかった)	A STATE OF THE STA
1	11000	ALLIGHT	12.2
J	10-) SCLAROGE STATE	
	ŧ .		
7			
ı	UNIT PRICE :	EXTENSION TO	经验的现在分词的
1	UNIT PAICE :	A ENEMOIDING THE	THE PERSON NAMED IN
ij.		Parket and State of S	4.1
ı	1 .	· · · · · · · · · · · · · · · · · · ·	P. 光谱器
.ł,	1013	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	13700	1371	
1		/2-/	Kill ober M.
l	• • •	The same of the same of the same	
		"一个"的"""是一个"	
ă	<u> </u>	The state of the s	Marie and the state of the stat
7		14年10年11年11日11日	
ı	64431	中的人工人工的政治的	Maria Cara
4	(6/-)	G. A. S. Wallet	大学 · · · · · · · · · · · · · · · · · · ·
١	54	一点一点,	
1			
ļ	1	(1) (1) (1) (1) (1) (1) (1) (1)	100
1			MINE .
1	ا (استر بر محرفه ا		13.53
1	37.05	经制度	The state of the s
4		THE STATE OF STREET AS A STREET	Service (Service Service Servi
1	48		
١	1,3	医环境的,原民间从 ""	A Same
1	- interest interest		第一种
1	こうからまった。		
ł,		建设设施	
1			Right In the
1		SALTS FOR SALES	The state of the s
,		THE RESERVE OF THE PERSON	2.5
7		,位于1000年 1000年	
4	- de la constitution de la const	at the same that the same to	Belleville (1979)
ı	1111		
ı	TOTAL S	and 110	
l		231 48	316.57
•	BUYER NOTES	Dearly Wanter X Alache	
7	LOO EN NOTES	1500年,1900年,1900年	THE REPORT OF THE PERSON OF TH
ı	1.1	777年的1867年,1955年	40000000000000000000000000000000000000
4	1 " 5.	三十文 医下孔的小脑炎	人们们就

FOR PURCHASING USE ONL

PURCHASE ORDER

CONFIRM TO

3	WAST	6	FEE	<u>E.S.</u>		<u> </u>					13%	45	
	1												
											77	D VS	
								701	16		100	111	
l	· · · · · · · · · · · · · · · · · · ·					·							
	1								E	ST TOTAL	\$		1
	`								E	ST TOTAL	<u> </u>		81
		A	Р	Р	R	0	v	Α	L	ST TOTAL	\$		Bi
	REQUISITION		P		R	0	V		L IZED SIGNA	S	* <u> </u>	DATE	Bi
	REQUISITION		P				v	AUTHOR	L IZED SIGNA	S		DATE	Bi

UNIFORM HAZARDOUS WASTE MANIFEST

FORM NO DHS-8022A 3-84

714-744 P Street Sacramento CA 95814

t or type with ELITE type (12 characters per inch)	STA	TE ID NU	MBER	8	366	515	55
GENERATOR NAME AND MAILING ADDRESS		M	NIFEST	OCUME	NT NUMB		
54 6415 57					11 1401416	CIN	
MEUNTAIN VIEW LAL GALES			A ID NUN				
AREA CODE PHONE NUMBER 415- 760-1136	<u> </u>	1440	GOO	3 7 G	05	1	ı
TRANSPORTER NO 1 NAME AND MAILING ADDRESS	VEH /CONT				A ID NU		
SCLUENT SELVICE							
1.21 BELLYESSA RD.							
SAW TESK 1-176. 75133		<i>t</i>	7	170	د وسید	101	,.
TRANSPORTER NO 2/ALTERNATE TSD FACILITY	V EH /CON	TAINER NO			PA ID NU		
					7 15 110		
·							
AREA CODE/PHONE NUMBER			ot	لللا		111	
TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY			-	E	PA ID NU	MBER	
SELECTION SELECT	•						
AREA CODE/PHONE NUMBER 4. 2- 6. 1441			1-1-	4 3 . 1	15/14	4711	٠.
UN/	/NA T	OTAL	UNIT	CON	TAINER	WAS1	ΓE
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUM	IBER QU	ANTITY	WT/VO	L NO	TYPE	CAT N	10
HLL-MINDING BICKINGE 11/1		57	وفتدر			13	,
ALBINION SICETY NEE	<u> </u>		۾ نيستر -	1	+	1/13	_
711/11/2 - 2 - 2 - 21 - 21 Ver		1 1 1	1	١,,	. .		
		1 	CON	C RANG	SE I	UN	IIT:
COMPONENTS		l	UPPER	,	OWER	%	1
- 1,1,	, , , , , ,		,			Ψ,	Γ
	12 pr. 14	/			10		Ļ
					1		
							\vdash
							T
· · · · · · · · · · · · · · · · · · ·							_
SPECIAL HANDLING INSTRUCTIONS							
The second data decided and dec							
This is to certify that the above-named wastes are properly classified described packaged proper condition for transportation according to the applicable requirements of the Department			:PA -	мо	DAY	ا ٦	
/ ,	. /						-
Printed or typed full name and signature	e ke				-11	/	
Check if continuation sheet is used. Number of continuation sheets				-			
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				мо	DAY		,
Printed or typed full name and signature	•	H	& ECD				سدر
			EPTED .	<u>.11</u>	1	1	` <u>`</u> `
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		_	ATE	мо	DAY		`
Cinted or typed full name and signature		ΔC C	& EPTED	,	1		ĺ
DISCREPANCY INDICATION SPACE	. 						
4 EA I FINT BOTTLES FILLED WITH DIATO	OPCHE	50	10	53	رتيري	د ک	٤
		·		· ·	- ',	, , -	
FILLEW WITH DIATO	MATI	000	En				
Facility owner or operator. Certification of receipt of hazaidous waste covered by this manifer discrepancy indication space above. Note: TSDF must complete waste number					ECEIVED		
See instructions	EPA ID NUMB	ER	*	MO	DAY	1	Ī
Collection typed full name and signature		· .	.		- 1		
request or (VDeg till page and signature							



515 Ellis Street Mountain View California 94043 (415) 960 1120

PURCHASE REQUISITION

NO. → 099862

FOR	REC	UISIT	IONERS	USE	ONLY
------------	-----	-------	--------	-----	------

JLI NU)) FUR NE	QUISITIONEN.	3 USE CIVE!	
PH DATE	REQUISITIONER	EXT DEPT	DELIVER TO	INSPECTION REQ'D
11-12-15	TIRE Suyado	306 175	/	YES DNO
SUGGESTED	SUPPLIER			CERTS REQUIRED
Seres	ACOT GREAT			YES NO
,	1 1 1 1 W	1 11	(, -	PHONE NO
NOTES:	11 0 to 121	. , <u>.</u>		

No. 118 (9	(3)			排					
		j.	.,	; 1;		اهِ - قدم م		100	1
VENDOR W		群.	治理的		W.	Maria.	1. 34.	4.4	ijβ.
1 114		T.			K		6,4		-
, ,								ا استراغ	1
i in	*	F					Mar.		
CONFIRM TO	خلا								
SHIPVIA	de	新斯	74	9			a di di Maria		が、事情
TERMS'	TO ST				等。	Ď,			Ti de
SHIP TO	A T		大学	BUY	Į,	L			

FOR PURCHASING USE ONLY

PURCHASE ORDER

ITEM NO	COMPLETE DESCRIPTION INCLUDING MANUFACTURER'S NAME & NUMBER	JOB. NO / ACCT. NO.	U/M	QTY.	DATE REQUIRED	EST. COST / U	EXTENSION
1	They have a safey not been	1157		1		fr vic	1. 10-
	handistic					ı	77.
`.	!	,		,'		:;	
	entle evel	1				47	
	,	•				,	
					,		
		······································			EST.	TOTAL \$	10:16

		mede.
ર્ સ્કૃષ્ટ • દેવા • •		
**		
海鄉 人 ()		
TOTAL 8	111000	

	Α	Р	Р	R	0	V	Α	L	S			
REQUIS	ITIONER			SUPERVIS	OR	DATE	A	UTHORIZE	D SIGNATUR	E	DA	E
1 1	′			r 11)%:	Chill an	ا يا	ĭ, ;	/_

BUYERNOTES

5 Hozardous dabels 1 DRUM Speediser (R) Moore Bysiness Forms Inc. m MCP @ Moore Business Forms Inc. Patents 3 016 308 3 429 827 5 POISON STICKERS SOLID A 12406 SOLVENT SERVICE CO., INC. 1021 BERRYESSA ROAD SAN JOSE, CA 95133 (408) 286-6446 MANIFEST NO. CUSTOMER ORDER NUMBER 2% 10 / NET 30 UNIT PRICE SUBTOTAL 200 SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE TONS @ FEDERAL TAX

CAUFORNIA STATE-HEALTH FEE

THIS INVOICE

CRIGINAL

EXTREMELY HAZARDOUS HEALTH FEE_

TONS @

TOTAL



SOLVENT SERVICE CO., INC. 1021 BERRYESSA ROAD SAN JOSE, CA 95133

12510

(408) 286-6446

SUBTOTAL SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE SALES TAX GUNTY HAZARDOUS WASTE FEE P 36	
QUANTITY DESCRIPTION DESCRIPTION UNIT PRICE AMA DESCRIPTION UNIT PRICE AMA DESCRIPTION SUBTOTAL SALES TAX COUNTY HAZARDOUS WASTE FEE P. 36 COUNTY HAZARDOUS WASTE FEE P. 37 COUNTY HAZARDOUS WASTE FEE P. 36 COUNTY HAZARDOUS WASTE FEE P. 37 COUN	
QUANTITY DESCRIPTION UNIT PRICE AMC	
SUBTOTAL SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE OUNT PRICE AMA LINET PRICE AMA LINET PRICE AMA SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE O 36 69 79	سبر بر
SUBTOTAL SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE SALES TAX OUNTY HAZARDOUS WASTE FEE O 34 COUNTY HAZARDOUS WASTE FEE O 34	
SUBTOTAL SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	DUNT
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SUBTOTAL SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE SALES TAX COUNTY HAZARDOUS WASTE FEE M 36	
SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE SALES TAX COUNTY HAZARDOUS WASTE FEE M 36	
SALES TAX SANTA BARBARA WASTE TAX COUNTY HAZARDOUS WASTE FEE	
SANTA BARBARA WASTE TAX @ % COUNTY HAZARDOUS WASTE FEE @ %	
COUNTY HAZARDOUS WASTE FEE @	
COUNTY HAZARDOUS WASTE FEE	
The same of the sa	\rightarrow
FEDERAL TAXTONS @	
CALIFORNIA STATE HEALTH FEETONS @	
REC'D BYTONS @	
PLEASE PAY FROM TOTAL THIS INVOICE	. [2]

SOLVENT SERVICE CO., INC. 1021 BERRYESSA ROAD SAN JOSE, CA 95133 (408) 286-6446

13399

10	515 800	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	· · · · · · · · · · · · · · · · · · ·	MANIFEST NO	
		Ca. 74112		•	
		<u> </u>		•	
CUSTOMER ORD		DATE SHIPPED	TERMS	INVOICE DATE	
1722	7716	Todal	2% 10 / NE	т 30 🔑 –	19-86
QUANTITY	1	DESCRIPTION	7	UNIT PRICE	AMOUNT -
	25 Xxl	ien - DOF	() Zun To	72 1520	1800
	27.11.24.2	turn - En	1 Ti		
<u> </u>	7720100 2	· activity = 24			
<u>-</u>		· · · · · · · · · · · · · · · · · · ·			
		·			
		· · · · · · · · · · · · · · · · · · ·			
	 				
'	-				
					
	ļ		•	SUBTOTAL _	18 00
		,		SALES TAX	/
	*	\mathcal{A}	SANTA BARBARA WASTE TAX	@	
•	_ •		COUNTY HAZARDOUS WASTE FEE FEDERAL TAX	TONS @	
	_101		CALIFORNIA STATE HEALTH FEE	TONS @	
REC'D BY	out fire	serf	EXTREMELY HAZARDOUS HEALTH F	TONS @	
]			PAY FROM	TOTAL	190
ক∎ PACKIN	G SLIP	THIS	INVOICE	The work of the second of the	

12000

SOLVENT SERVICE CO., INC. 1021 BERRYESSA ROAD SAN JOSE, CA 95133 (408) 286-6446

A 14922

MANIFEST NO. 2455976-TO

CUSTOMER ORDER NUMBER		DATE SHIPPED	TERMS	-	INVOICE DATE		
		Jan le	2% 10 / NET 30 DESCRIPTION		7-7-86		
QUANTITY:	-	DESCRIPTION		· · · · · · · · · · · · · · · · · · ·	NIT PRICE	MOUNT	
	55210	Parl-DOT- Co.	20100 20	2el		:	
	daym	- /	1000 p.7	4			
				1			
/	65 my/	-1241-126	this Thatie	/			
	1 . T.	- 1001-16	レングラー				
		-	-				
	,		-				
			United the second secon				
	-	- MINIMANUSSESSA VA ANA ANA ANA ANA ANA ANA ANA ANA ANA					
	_	-	y y y y y y y y y y y y y y y y y y y	s	UBTOTAL	-	
					SALES TAX		
		7	SANTA BARBARA WASTE TAX		@%		
	$l \cdot l$	for all the second	COUNTY HAZARDOUS WASTE FE	Œ	@%		
	an 1/		FEDERAL TAX	, <u> </u>	ONS @		
, , , , , ,	THX		CALIFORNIA STATE HEALTH FEE		ONS @	· 4 ·	
REC'D BY	J-VV XXX	DY Y	EXTREMELY HAZARDOUS HEALTH	f FEET	ONS @	A The State of the	
I .D∝ PACKIN	G SUP	PLEASE	PAY FROM INVOICE		TÁL		



SOLVENT SERVICE CO., INC. 1021 BERRYESSA ROAD SAN JOSE, CA 95133

(408) 286-6446

. TO _	Denu.	2		_ MANIFEST NO	<u>.</u>		
	515 EN	is St.		_			
		J. Ca. 94043		-			
CUSTOMER ORDE		DATE SHIPPED	TERMS	INVOICE	DATE		
	,		2% 10 / NE		1-29	39	
QUANTITY		DESCRIPTION	·	UNIT PRI		AMOUNT	
	55 Sall	on-DUT-	Open Top	0 18	د ع	186	00
	metal	drum -	Emply				
	Poles &	lon-DOT- drum -		5	00	5	00
	0				"		
				Sul	Bi	23	00
		12047		Sales	Land	/ =	50
		1			17		
		RECEIVED					
		28 1984					
		GENUS, INC.					
			COUNTY HAZARDOUS WASTE FEE		%		
	(Wn		FEDERAL TAX CALIFORNIA STATE HEALTH FEE	TONS @			
REC'D BY	A MI	neger	EXTREMELY HAZARDOUS HEALTH	FEETONS @_			
ORIGINAL		PLEAS	SE PAY FROM SINVOICE	ATOTA	2	4	50
				and the state of			
	··	- * * * * * * * * * * * * * * * * * * *				3,57	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



1021 BERRYESSA ROAD SAN JOSE, CA 95133 (408) 286-6446

H ITTA

83665155 _____ MANIFEST NO. 83665156 INVOICE DATE 9284 H 2% 10 / NET 30 7-27-84 UNIT PRICE AMOU COUNTY HAZARDOUS WASTE FEE TONS @ CALIFORNIA STATE HEALTH FEE TONS @ EXTREMELY HAZARDOUS HEALTH FEE_____ PLEASE PAY FROM TOTAL THIS INVOICE . 15. TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature DISCREPANCY INDICATION SPACE TO SERVICE Facility owner or operator. Certification of receipt of bazaldous waste covered by this mamifest except as noted in the DATE RECEIVED a discrepancy indication space above. Note TSDF must complete waste number.

See instructions.

Printed or typed full pains and signature. GENERATOR RETAINS

UNIFORM HAZARDOUS WASTE MANIFEST FORM NO DHS-8022A 3-84

4 P Street Sacramento CA 95814

83665156 STATE ID NUMBER MANIFEST DOCUMENT NUMBER EPA ID NUMBER 4 X J Q Q Q Z | Q Q . X 3 FPA ID NUMBER EPA ID NUMBER TOTAL UNIT CONTAINER TYPE CAT NO MET-QUANTITY WT/VOL NO G.72 CONC RANGE UNITS UPPER LOWER MO DAY DATE MO REC D ACCEPTED MO DATE REC D ACCEPTED

print or type with ELITE type (12 characters per inch) GENERATOR NAME AND MAILING ADDRESS SENUS INC. 515 ELLIS ST. MUNTITUD VIEW, CAL. 14:43 AREA CODE/PHONE NUMBER 4/ = 7/ C - 1/30 TRANSPORTER NO 1 NAME AND MAILING ADDRESS VEH / CONTAINER NO SCLUENT SERVICE ICSI BERVESSA RD. INVINSE CAL 75123 TRANSPORTER NO 2/ALTERNATE TSD FACILITY VEH/CONTAINER NO AREA CODE/PHONE NUMBER TREATMENT STORAGE OR DISPOSAL ITSD) FACILITY 的一种是 是这种是 5-12 TO 3E " 114 AREA CODE/PHONE NUMBER UN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER 1770 11 11 C HOE TOW! This is to certify that the above-named wastes are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature SCREPANCY INDICATION SPACE DATE RECEIVED & ACCEPTED Facility owner or operator. Certification of receipt of haza-dous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete wests number. See instructions. EPA ID NUMBER

Printed or typed full name and signature